

Dr J E Clagett 1 may 96
108 S Eutaw

MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF
MEDICINE AND SURGERY

OF SCHULTZ BALTO

VOLUME XXXVI. NO. 10.
WHOLE NO. 821

BALTIMORE, DECEMBER 19, 1896.

\$3.00 A YEAR
10 cts. A COPY

THIS JOURNAL IS ENTERED AT THE POSTOFFICE AT BALTIMORE, MARYLAND, AS SECOND-CLASS MATTER.

CONTENTS.

ORIGINAL ARTICLES.

- Artificial Vesico-Vaginal Fistula for the Cure of Chronic Cystitis and Ulcer of the Bladder. By B. Bernard Browne, M. D., Baltimore. 163
- Puerperal Convulsions, From the Standpoint of Prevention. By John N. Upshur, M. D., Richmond. 165
- Anti-Diphtheritic and Anti-Streptococcic Serums. Their Nature, Method of Production, and Application for the Relief of Disease. By C. C. Fite, M. D., New York. 169

SOCIETY REPORTS.

Medical and Chirurgical Faculty of Maryland. Semi-Annual Meeting held at Hagerstown, Md., Tuesday and Wednesday, November 10 and 11, 1896. A Case of Diffuse Scleroderma, with Exhibition of Patient. Pathology and Bacteriology of Typhoid Fever. Modern

SOCIETY REPORTS.—CONTINUED.

Method of Examining Urinary Sediment. X Rays in Surgery. Cancer of the Tongue. Some of the Results of Bacteriological Research. A Case of Gastrostomy for Esophageal Obstruction. The Present Status of the Treatment of Tuberculosis. The Practical Use of Skiascopy. 172

EDITORIAL.

- The Frick Library Dedication. 176
- A Good Law Enforced. 177

MEDICAL ITEMS.

178

BOOK REVIEWS.

179

CURRENT EDITORIAL COMMENT.

179

PUBLISHERS' DEPARTMENT.

180

CALCULI in the Bladder or Kidney



AND ALL CONCRETIONS OF URIC ACID or other
ORGANIC OBSTRUCTIONS in GOUT and RHEUMATISM
can be

DISSOLVED AND REMOVED BY
**SCHERING'S
PIPERAZINE WATER.**

NON-TOXIC and NON-IRRITANT.

LEHN & FINK, 128 William Street, NEW YORK,
SOLE AGENTS FOR THE UNITED STATES.

SOLUTION Salicylate of Iron.

OF great value in obstinate cases of Rheumatism where other remedies have disappointed. Reports of cases showing remarkably satisfactory results will be mailed on request.

114 N. 18th St., PHILADELPHIA,
Sept. 11, 1896.

Dear Sirs:—Your preparation of **Sol. Salicylate of Iron** has been used by me for a number of years in hospital and private practice. I do not know of any other preparation of the kind so agreeable and efficient.

Truly yours,
ROBERT B. CRUCE, M. D.,
Pres. of Faculty, St. Joseph's Hospital.

JOHN C. BAKER & CO.,
131 N. 10th St., PHILADELPHIA.



ESTABLISHED 1830.

IT PAYS

to use the word Tyree's when you write for an antiseptic douche for any form of Leucorrhea—Pays because it insures results which cannot be obtained from any other remedy—Results which you do not have to wait for; they are quick and they stay and they are not expensive, either, if you use

TYREE'S POWDER

It cleans, deodorizes and relieves pain and itching so quickly and quietly that you don't really know it's at work. A very simple, soluble powder. Has no odor, nor does not stain. One or two teaspoonfuls to a pint of water three or four times a day always relieves.

Borate of Sodium, Alumen, Carbolic Acid, Glycerine, and the Crystallized principles of Thyme, Eucalyptus, Gaultheria and Mentha.

J. S. TYREE, Chemist, Washington, D. C.

"THE USE OF ANTITOXIN

in any case of diphtheria should not interfere with the local treatment of the throat and the employment of other judicious measures for the relief of the patient."

HORATIO C. WOOD, M. D., L.L. D. — "Animal Extracts."

Trypsalin, Fairchild's diphtheritic solvent, is an effective, innocent and agreeable solvent for false membrane and exudation in diphtheria, tonsillitis, etc. It is to be applied by an insufflator or powder blower to the throat.

Trypsalin simply dissolves morbid membrane and mucus, exerts a marked healing affect, is without action upon healthy mucous membrane, and is entirely innocent.

We have received many reports of the successful application of Trypsalin as a most effective adjunct to the treatment of diphtheria, greatly relieving the distressing local symptoms and contributing to the recovery.

Sample and descriptive circular sent upon application.

FAIRCHILD BROS. & FOSTER,
NEW YORK.

"Malt Extract. This preparation, of which the best and the best known is MELLIN'S FOOD remains to be described and is of real value when used in combination with milk. It is essentially the same as LIEBIG'S SOUP, but so prepared as to be marketable."

Domestic Hygiene of the Child,
Julius Uffelmann, M.D.

FOR THE —————

MODIFICATION OF FRESH COW'S MILK

*** USE ***

Mellin's Food

*** Fresh Cow's Milk prepared with MELLIN'S FOOD according to the directions, forms a true LIEBIG'S FOOD and is the BEST SUBSTITUTE for Mother's Milk yet produced. ***

THE DOLIBER-GOODALE COMPANY, BOSTON, MASS.

"MELLIN'S FOOD is not only readily digestible itself, but it actually assists to digest milk or other foods with which it is mixed."

G. W. Wigner, F.I.C., F.C.S.,
Pres. Society Public Analysts, London, Eng.

Tongaline

ANTI-RHEUMATIC ANTI-NEURALGIC.

Tongaline = Liquid

Tongaline = Tablets

6 GRs.

EACH TONGALINE TABLET OF 6 GRAINS IS EQUIVALENT TO ½ DRACHM OF THE FLUID:

Tongaline and Lithia Tablets

TONGALINE, 5 GRs.

LITHIA SALICYLATE, 1 GR.

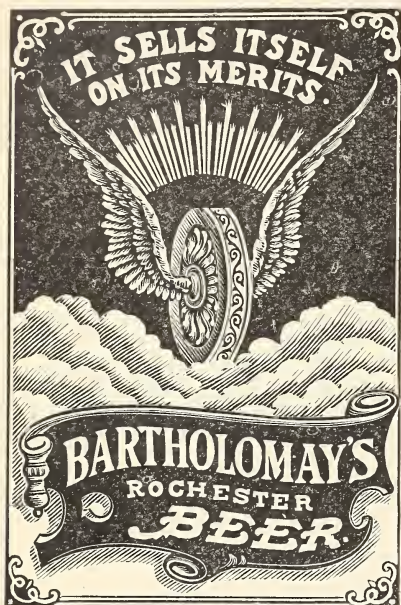
Tongaline and Quinine Tablets

TONGALINE, 3½ GRs.

QUINIA SULPH. 2½ GRs.

Samples and Literature on Application.

MELLIER DRUG CO., ST. LOUIS,



BARTHOLOMAY BREWING CO.

ROCHESTER, N. Y.

ANALYSIS: —

By PROF. LATTIMORE,
Professor of Chemistry at the University
of Rochester, New York.

The result of the Analysis, expressed in percentages by weight,
is as follows:

Specific Gravity	10.11	Alcohol	5.30
Extract	3.95	Maltrose	0.51
Dextrine	2.70	Albuminoids	0.35
Lactic Acid	0.12	Ash	0.18
Phosphoric Acid	0.02	Water	90.76

The analysis gave no indication that in the manufacture of this Beer any other substances had been used than Malt, Hops, Yeast and Water.

S. A. LATTIMORE.

None Genuine unless having our
Label and Trade Mark.

Baltimore Branch Office and Depot,

227 to 239 S. CENTRAL AVENUE, Baltimore, Md.

TELEPHONE 1060.

GEO. C. SUCRO, MANAGER.

The Chas. Willms Surgical Instrument Co.,

MANUFACTURERS,
IMPORTERS AND
DEALERS IN

FINE SURGICAL INSTRUMENTS.

ESTABLISHED 1869.

Deformity

Apparatus,

Elastic

Hosiery,

Trusses,

Bandages, etc.



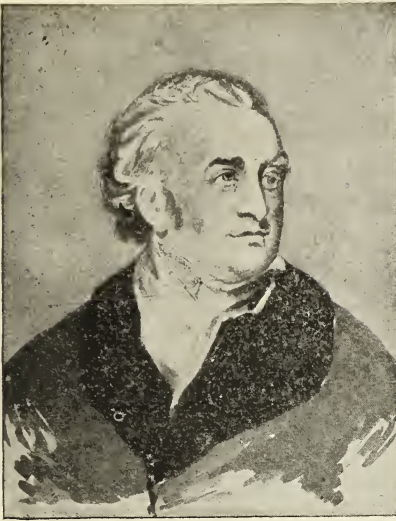
Physicians',
Surgeons',
Hospital and
Invalid
Supplies.

Fine
Microscopes
and
Accessories.

All the Latest Novelties and Improvements Supplied upon Short Notice. Competent Ladies' Assistant

No. 300 N. HOWARD STREET, Baltimore, Md.

Illustrated Catalogue, over 500 pages, sent Free upon Application.



SIR ASTLEY COOPER.

To every physician who reads this advertisement, and is not acquainted with the merits of Unguentine, we would like to send a sample. We simply ask a fair trial at our expense. Judge it by what it does—not by what is said about it. Drop us a postal card and we will send you sample, clinical reports and a short biography of Sir Astley Cooper, the originator of the working formula.

NORWICH PHARMACAL CO., Norwich, N. Y.

NEW YORK OFFICE, 140 William St., Cor. Fulton.
BOSTON OFFICE, 620 Atlantic Avenue.

WHAT A SAMPLE OF UNGUENTINE DID

CONKLIN, MICH., Oct. 20, 1896.

Norwich Pharmacal Company,

GENTLEMEN—Sample received and employed in a case of protruding hemorrhoids of four years; a two weeks application made a cure. Half of same sample was employed on a carbuncle that was very painful; second application relieved the pain so patient rested easy for the first time in three nights. After lancing, two dressings healed the wound nicely. Lady remarked that the ointment was just splendid. She wanted a box to keep on hand and I ordered it from my druggist.

It is the best form of ointment I have ever employed and I make one I thought was hard to beat, but the Unguentine is cheaper than I make from my formula. I shall keep it on hand in the future.

Yours respectfully,

S. L. W. KNEPPER, M. D.

Opium and its alkaloids are invaluable drugs, but have disadvantages. Papine serves a similar purpose, without the disadvantages. IODIA is an alterative in the true sense of the word. BROMIDIA has a host of users throughout the civilized world, many of whom stand high in professional renown. In prescribing these preparations always specify "*Battle's*," and see that the prescription goes to an honorable and reputable druggist who will not stultify or degrade his good name and reputation by *substitution*.

DEERING J. ROBERTS, M. D.,

In Southern Practitioner, Sept., 1896.

Gray's Glycerine Tonic Comp.

(Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.)

Formula DR. JOHN P. GRAY.

Increasing demand is the best evidence that physicians are appreciating the Unique Value of this preparation.

It neutralizes acidity of the stomach and checks fermentation.

In Pulmonary and Bronchial affections, Nervous Prostration, Melancholia, Anæmia and General Debility it has no superior.

THE PURDUE FREDERICK CO.,

Write for Samples

No. 52 West Broadway, New York.

A Useful Nerve Stimulant and Tonic.

CELERINA is a powerful stimulant WITHOUT the depressing AFTER-EFFECTS of alcohol, caffeine, nitro-glycerine, etc. It is also a reliable Nerve Tonic. A pleasant exhilaration is experienced after a dose of one or more teaspoonfuls, and under its continued use a renewed capacity for mental and physical exertion results. It is indicated in all forms of exhaustion, mental inertia and senile weakness.

DOSE: One or Two Teaspoonfuls Three Times a Day.

A FULL-SIZED BOTTLE SENT FREE TO ANY
PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

RIO CHEMICAL CO., - - - ST. LOUIS, MO.

DANIEL'S Conct. Tinct. Passiflora Incarnata

Few remedies in the history of medicine have obtained such phenomenal popularity in the short space of a few years as **Passiflora Incarnata**. It first came into prominence as a remedy for tetanus in veterinary practice, for which, on investigation, it was found to be a specific. Many physicians began experimenting with the remedy in other cases. It was but a short step from tetanus to spasms and Passiflora again scored a signal success—5 to 15 drops four times daily. Further experiments along the line of nervous diseases demonstrated its wonderful value in the convulsions of children, in spinal meningitis and in chorea—5 to 30 drops. But Passiflora's great triumph was yet to come. As clinical reports of its use in various nervous maladies accumulated here and there, one could find it mentioned incidentally, that the patient had "passed a very restful night," "had slept soundly and was refreshed the next morning," etc. "A hint to the wise" being sufficient, physicians began using it for stubborn cases of sleeplessness, when, in teaspoonful doses, they invariably found that it brought a sweet, refreshing slumber; that the patient felt brighter the next day; that no untoward after-results were discernible; that it was not necessary to gradually increase the dose to obtain this result. This deep, quiet repose and refreshed feeling on awakening is vastly different from the heavy, lethargic stupor and dulled sensibilities and nausea on awakening, so characteristic of morphine and narcotics generally.

In several cases on record it has been shown that Passiflora, in teaspoonful doses, has power to quiet the delirium, to produce sleep and to check the intense craving for stimulants, incident to the different stages of delirium tremens. Many physicians have testified to its value in typhoid and other fevers, to control restlessness and induce a natural, restful sleep; also for the nervous disorders of infants during dentition.

Passiflora is usually employed in the Conct. Tinct. (**Daniel's**) 5 to 60 drops. One teaspoonful repeated in half an hour, if necessary, is the usual dose for sleeplessness.

Prepared by JNO. B. DANIEL, 34 Wall Street, Atlanta, Ga.

FOR SALE BY

PHILADELPHIA:

Smith, Kline & French Co.
Shumaker & Busch.

NEW YORK:

C. N. Crittenton.
McKesson & Robbins.

CHICAGO:

Fuller & Fuller Co.
Morrison, Plummer & Co.

BALTIMORE:

Gilpin, Langdon & Co.

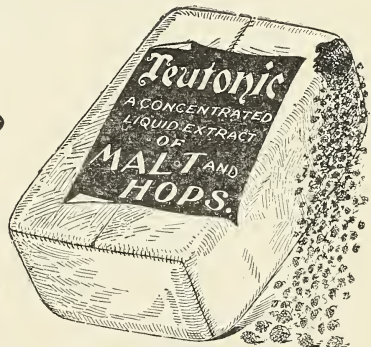
RICHMOND: Purcell, Ladd & Co.

WRITE FOR LITERATURE.



PHYSICIANS
Prescribe

WITH
BEST RESULTS



Only when a superior preparation like **TEUTONIC** is used—

When a malt extract is indicated **TEUTONIC** will be found to stand all chemical tests as thousands of physicians affirm.

S. LIEBMANN'S SONS BREWING
36 FOREST ST. — BROOKLYN, N.Y. CO.

FROM 1866 TO 1896.

~ THIRTY * YEARS ~

Have Demonstrated the Great Value of

“H. V. C.”

HAYDEN'S
VIBURNUM
COMPOUND

In the hands of eminent physicians in all parts of this country, to be the most prompt, reliable and safe remedy in the

AILMENTS OF WOMEN,

and it has never been excelled or equalled in *Spasmodic Dysmenorrhoea, Menorrhagia, Amenorrhoea, Dangerous Flooding, Threatened Abortion, Uterine Debility, The Menopause, Nervous Irritability and Insomnia.*

IN OBSTETRIC PRACTICE

“H. V. C.” will give the practitioner the most perfect satisfaction in *Tedious Labor, Inertia, Excessive Hemorrhage, and Afterpains*, acting as a *Uterine Tonic and Nervine*. To the physician who is familiar with HAYDEN'S VIBURNUM COMPOUND no recommendation is necessary.

It is *non-toxic*, being perfectly safe in any and all cases, and may be given to a child according to directions, without special caution.

We refer with pleasure to the profession at large, who will endorse our statements as far as merit is concerned.

For special hand book, *free*, address

The New York Pharmaceutical Co.,
BEDFORD SPRINGS, MASS.

All first class druggists, everywhere.

CAUTION.—*Be sure you are not imposed upon by the substitutor.*

Highest Percentage Extract. * Lowest Percentage Alcohol.

A Mild Stimulant. * An Effective Tonic.

Just what the physician will prescribe for nursing Mothers, Convalescents, and victims of Insomnia or Nervous Disorders resulting from impaired digestion and overwork.

BRAUNSCHWEIGER MUMME
A PURE MALT EXTRACT—A SUBSTITUTE FOR SOLID FOOD.

Bottled for Sale and Delivered Anywhere.

LONG ISLAND BOTTLING CO.

A sample free to physicians who mention this journal.

BROOKLYN, N. Y.

THE INEBRIATES' HOME, FORT HAMILTON, N. Y.

INCORPORATED, 1866.

A Hospital for the Treatment of

Alcoholism and the Opium Habit.

President: John Neville.

Secretary and Superintendent: Samuel A. Avila

Resident Physician: F. L. Dolbeare, M. D.

Assistant: H. Leach Bender, M. D.

The building is situated in a park overlooking and commanding fine views of the narrows, and the upper and lower bay of New York Harbor. The accommodations, table attendance and nursing are of the best character and suited to first-class patients.

For manner and terms of admission, apply to the Resident Physician at the Institution, Fort Hamilton, L. I., New York, or Box 42, Station N, Brooklyn, N. Y.

DR. JULIUS FEHR'S "COMPOUND TALGUM" "BABY POWDERS" THE "HYGIENIC DERMAL POWDER" — FOR — Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and Pharmaceutical Professions in the year 1873.

COMPOSITION—Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES—Antiseptic, Antizymotic and disinfectant.

Useful as a General Sprinkling Powder; with positive Hygienic, Prophylactic and Therapeutic properties.

Good in all affections of the Skin.

SOLD BY THE DRUG TRADE GENERALLY.

Per box, plain, 25c; per box perfumed, 50c. Per dozen, plain \$1.75; per dozen perfumed, \$3.50.

THE MANUFACTURER,

**JULIUS FEHR, M. D., Ancient Pharmacist,
HOBOKEN, N. J.**

Only advertised in Medical and Pharmaceutical Prints.



Mention this Journal.

COCAINE C. P. ANHYDROUS CRYSTALS. STANDARD OF PURITY THE WORLD OVER.		MURIATE BOEHRINGER - B. & S. DISPENSED BY ALL DRUGGISTS
--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------

THE RICHARD GUNDRY HOME

CATONSVILLE, MD.

able. The Home is conducted by Mrs. Dr. Richard Gundry and Dr. R. F. Gundry. For further information, address DR. R. F. GUNDRY, Box 107 Catonsville, Md., or 1E. Centre St., Baltimore, Md.

Consulting Physicians: Dr. Henry M. Hurd, Supt. Johns Hopkins Hospital; Professors Thomas Opie and Geo. J. Preston, Baltimore, Md.; Dr. C. G. W. Macgill, Catonsville; Professor G. H. Rohé, Maryland Hospital, Catonsville, Md. References: Dr. Wm. Osler, Physician in chief Johns Hopkins Hospital; Dr. John B. Chapin, Pennsylvania Hospital for Insane, Philadelphia, Pa.; Dr. W. W. Godding, Government Hospital, Washington, D. C.; Francis White, Esq., and Gilmer Meredith, Esq., Baltimore, Md.

PRINTING FOR PHYSICIANS

AT THE OFFICE OF
MARYLAND
MEDICAL JOURNAL.

When the Pyramids Were Built

Castor Oil was an old and well-known Laxative.

Its value has *never* been disputed. Its repulsive taste is the terror of every child.

We have robbed it of this one objection.

Laxol is literally as palatable as honey. Send for a free sample and be convinced.

A. J. WHITE, 30 Reade Street, New York.

CHIONIA

THE HEPATIC STIMULANT

Is prepared from *Chionanthus Virginica*, for physicians' prescriptions, and has been proven *the remedy* for *Biliousness, Jaundice, Dyspepsia, Constipation*, and all diseases caused by *Hepatic Torpor*.

Its action is that of an hepatic stimulant, and not that of a cathartic. It does not purge, *per se*, but under its use the Liver and Bowels gradually resume their normal functions.

Dose—One to two fluid drachms, three times a day.

PEACOCK'S BROMIDES,

THE IDEAL SEDATIVE

Is prepared exclusively for physicians' prescriptions, each fluid drachm representing 15 grains of combined *chemically pure* Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium. It is indicated in *Uterine Congestion, Headache, Epilepsy*, and all *Congestive, Convulsive and Reflex Neuroses*.

It is *absolutely uniform* in purity and therapeutic power, and can always be relied upon to produce clinical results which can not possibly be obtained from the use of commercial bromide substitutes.

Dose—One to two fluid drachms in water, three times per day.

A full size half-pound bottle of each FREE to any physician who will pay express charges.

PEACOCK CHEMICAL COMPANY,
ST. LOUIS, MO.

SENG, CACTINA PILLETS.

THE DIGESTIVE SECERNENT.

ACTIVE CONSTITUENTS OF PANAX SCHINSENG
(MANCHURIA) IN AN AROMATIC ESSENCE.

For *Indigestion and Malnutrition.*

Specially indicated in Phthisis and
all Wasting Diseases.

Dose—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding.

INDICATED IN

ABNORMAL **HEART** ACTION.

GIVEN WITH ANTIPYRETICS
TO PREVENT CARDIAC DEPRESSION.

Each pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

Dose—One Pillet every hour, or less often, as indicated.

Samples sent to any Physician who will pay Express Charges.

SULTAN DRUG CO., St. Louis and London.

"WELL PREPARED!! NUTRITIOUS!! EASILY DIGESTED!!"
 HIGHEST AWARDS WHEREVER EXHIBITED THE WORLD'S COLUMBIAN COMMISSION.

IMPERIAL GRANUM

THIS STANDARD PREPARED

FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate and Aged persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in all gastric and enteric diseases. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—"*The Feeding of Infants*," in the *New York Medical Record*.

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription*.

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, New York*.

Not only palatable, but very easily assimilated.—*The Trained Nurse, New York*.

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Philadelphia, Penna.*

Highly recommended and endorsed by the best medical authorities in this country.—*North American Practitioner, Chicago, Ills.*

It has acquired a high reputation, and is adapted to children as well as adults—in fact, we have used it successfully with children from birth.—*The Post Graduate Journal*.

The results attending its use have been very satisfactory.— * * * M.D., in *New York State Medical Reporter*.

Especially valuable in fevers, and often the only food the stomach will tolerate in many gastric and enteric diseases.—*Dominion Medical Monthly, Toronto*.

IMPERIAL GRANUM has stood the test of many years, while many competing foods have come and gone, and have been missed by few or none. But it will have satisfactory results in nutrition far into the future, because it is based on merit and proven success in the past.—*The Pharmaceutical Record, N. Y.*

★ 'Physician's-samples' sent free, post-paid, to any physician—or as he may direct. ★
 JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK CITY, N. Y.



HAEMOGLOBINOGENETIC.

"I have used your GUDE'S PEPTO-MANGAN with splendid results, and I prescribe exclusively your preparation in cases of Chlorosis, as I have found it the best Haemoglobinogenetic remedy in the market."

This is what a prominent Physician says of

Pepto-Mangan ("Gude")

TO SECURE THE PROPER FILLING OF YOUR PRESCRIPTIONS,
Order PEPTO-MANGAN (Gude) In Original Bottles. ($\frac{3}{4}$ xi)
IT'S NEVER SOLD IN BULK.

M. J. BREITENBACH COMPANY,

Sole Agents for U. S. and Canada,

LABORATORY:
LEIPZIG, GERMANY.

56-58 WARREN ST., NEW YORK.



The Necessity of Specifying-

BECAUSE only pure drugs are employed in their manufacture, no component being omitted or substituted, either for the sake of economy or on account of difficulty in manipulation.

BECAUSE every care is exercised to insure precision as to the weight and division of the ingredients.

BECAUSE an excipient is selected in each instance which will be compatible to the other ingredients and tend to preserve their activity.

BECAUSE the coating of these pills is adapted for their ready solution in the stomach, being thin, transparent, smooth and impervious to atmospheric influences.

No argument is required to convince the physician that purity, uniformity and conscientious adherence to acknowledged standards are necessary if manufactured medicaments are to be used, and experience has shown that

-Schieffelin's Pills

completely fulfill all the requisites of this class of preparations.

We invite particular attention to

Pil. Ferruginous (Blaud's), Cascarae Sagradae et Nucis Vomicae, "Schieffelin's."

{	Ferri Sulphatis,	-	-	2½ grs.	}
	Potassii Carbonatis,	-	-	2½ grs.	}
	Ext. Cascarae Sagradae,	-	-	1 gr.	}
	Ext. Nucis Vomicae,	-	-	¼ gr.	}

With a view of obviating the constipation which is occasionally associated with anæmic conditions and which is apt to be enhanced by the prolonged use of iron preparations, we have recently added to our list of Soluble Pills a formula containing the above ingredients in combination with Extracts of Cascara and Nux Vomica.

The Extract of Cascara Sagrada, obtained from the *rhamnus purshiana*, is now recognized as one of our most valued laxatives, and in cases of habitual constipation has proved extremely useful, producing a mild action of the bowels, without any griping effect. The Extract of Nux Vomica also exerts a favorable action upon the gastro-intestinal tract, increasing the appetite, and, by stimulating intestinal peristalsis, relieving constipation. The general tonic effects of this drug upon the nervous system further render it of great value in cases where ferruginous preparations are indicated.

Send for Revised
Formulae List.

Our list of Pills and Granules embraces those made according to the formulas of the United States Pharmacopæia; also most of those in common use among the profession.

Schieffelin & Co., New York.

MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVI.—No. 10. BALTIMORE, DECEMBER 19, 1896. WHOLE No. 821

Original Articles.

ARTIFICIAL VESICO-VAGINAL FISTULA FOR THE CURE OF CHRONIC CYSTITIS AND ULCER OF THE BLADDER.

By B. Bernard Browne, M. D.,

Professor of Gynecology, Woman's Medical College of Baltimore.

CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE GOOD SAMARITAN, NOVEMBER 20, 1896.

OF all the diseases to which women are liable, there are none that give rise to more suffering and pain than the various affections of the bladder. The treatment of these diseases is often unsatisfactory to the general practitioner on account of the difficulty of making an exact diagnosis and of locating the seat and character of the lesion.

The case I wish to bring before you today is that of Matilda W. of Ellicott City. She is 36 years of age, and has been married 20 years; has had three children, the last twelve years ago. Four years ago she had a severe attack of grippe, from which she dates her present illness; it was followed by an attack of acute cystitis with great pain and difficulty in urination and then by complete inability to pass her urine, which had to be drawn off by the catheter.

As she lived some distance from her physician, it was impossible to have it drawn off at regular intervals and sometimes she retained it for 24 and even 48 hours; this accounts for the unusual size of the bladder. From time to time during her illness she has had her bladder irrigated with a variety of preparations, but with only temporary relief. At one time (May, 1894) she suffered so much pain in the region of the right

kidney that a nephrotomy was done by the physician under whose care she then was, but no abnormal condition was found.

On October 7, 1896, she entered my service in the Hospital of The Good Samaritan. She had been confined to her bed since April and had been entirely unable to pass any water during that time. She had become emaciated and was unable to take or retain any nourishment. Her abdomen was swollen and extremely sensitive; her bladder extended nearly to the umbilicus, so enlarged had it become owing to continued over-distention. Her urine was examined and found to contain no albumen or tube casts, but was acid in reaction and contained a large quantity of pus.

Upon examination an ulcerated spot was found in the bladder, situated in the triangular space between the orifices of the ureters and the internal opening of the urethra. The bladder had become sacculated and had never been completely emptied by the catheter. The ovary and tube on the right side were enlarged and adherent to the sides of the pelvis; the uterus was somewhat enlarged and in a state of subinvolution with chronic endometritis.

For the relief of her condition it seemed necessary to remove the causes of it and at the same time to give the bladder a rest and keep it empty until the inflammation in it should subside.

One of the most important therapeutic agents for the cure of inflammation is rest; this together with cessation of the normal function is applied with benefit to inflammation of many of the organs of the body.

On October 22, as many of you will remember, who were present at the operation, the uterus was curetted, an artificial vesico-vaginal fistula was made through the sacculated portion of the bladder, a silver canula was introduced into the bladder through this opening and a rubber tube attached to the small end of the canula which rested in the vagina; by means of this canula the

bladder was to be kept entirely empty. An abdominal section was then done and the diseased right tube and ovary removed. The vagina above the fistulous opening had been packed with iodoform gauze; this was removed and replaced on every second day for one week.

At the end of two weeks the distal end of the rubber tube was tied and the urine allowed to accumulate in the bladder. It was now found that she could pass her urine freely without pain. On the 10th of November, the canula and tube were finally removed and since that time she has been urinating without the least difficulty and there is no pain whatever in the bladder. The patient has been walking about the ward for the past week and leaves today for her home in the country.

THE DANGER OF ARTIFICIAL EMACIATION.

EVERYONE has his normal weight, though circumstances may determine a more or less temporary increase or diminution thereof. A departure from the normal in either direction, says the *Medical Press*, is incompatible with perfect health. This, of course, leaves in suspense the question as to what is one's normal weight, and those who are afflicted with what appears to the dispassionate observer to be a superfluity of adipose tissue usually resent the imputation that their obesity is other than an accidental and unavoidable circumstance. This point is easily settled by trying the effects of a carefully regulated but not over-strict regimen associated with daily exercise in the open air. All really superfluous tissue will disappear, although actual weight may not be palpably diminished, firm muscle taking the place of useless and burdensome fat. Obesity, however, is essentially a condition to be dealt with on an exclusively physiological basis. It is, of course, more or less amenable to medication, but the influence of drugs involves a brutal disturbance of the processes of nutrition, which cannot but be prejudi-

cial to health. This is particularly the case in respect to the employment of thyroid gland in extract, which, in effectual doses, often entails symptoms of a very disquieting and even serious nature. It cannot be too strongly impressed upon practitioners that the thyroid treatment of obesity is one attended by a tangible amount of risk. In a German contemporary the case is recorded of a certain well-known dramatic artist, who sought to combat the opulence of form with which Nature had endowed him and died in consequence. On ceasing to be obese—for the treatment was so far successful—he lost the placid temperament which previously characterized him and became the prey of an unhappy irritability, consequent on an acute sensation of *malaise*; in short, he became nervous, impressionable and as unrecognizable from a moral as from a physical point of view.

RUPTURE OF THE KIDNEY.

DR. C. K. TOLAND recently reported in the *Canadian Medical Review* a case of rupture of the right kidney in a young man of nineteen years, who had been "charged and kneed" by an opponent while playing football.

PUERPERAL CONVULSIONS, FROM THE STANDPOINT OF PREVENTION.

By John N. Upshur, M. D.,

Professor of Practice of Medicine in the Medical College of Virginia, etc., Richmond.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, NOVEMBER 24, 1896.

A FIRM conviction of the great responsibility resting upon us in the care of the puerperal woman, and the skillful guidance through the perils of this period to its happy consummation in a safe delivery, is the motive prompting to the discussion of this condition—so frightful in its manifestations and so dire often in its consequences.

I cannot emphasize too much the importance to the patient of an early engagement of her medical attendant, that she may be closely in touch with him, and that he, by extraordinary diligence, may be keenly alive to every circumstance which may be to her a source of peril, giving to his patient advice as to personal care, of diet, exercise, rest, bowels and kidneys; making regular, often frequent, analyses of the urine to determine the presence of albumen or the lacking elimination of excrementitious solids. Often there is danger ahead when urinary analysis is negative in its results, and the nervous system is ripe for a dangerous explosion so soon as something occurs to excite the requisite reflex. I cite the following cases for sake of illustration:

CASE I.—Mrs. T., a woman of fine physique and robust health, came under my care in 1885; she would never permit me to see her until labor came on, though reported by her husband as being very dropsical. Frequent examination of her urine failed to show any albumen, though the amount of urine was scanty. Treatment, through the medium of her husband, was, of course, very unsatisfactory. When labor came on, I found her the most dropsical woman I ever saw at term. She was kept under chloroform until delivered with instruments, after a protracted labor. In four succeeding pregnancies she was never so dropsical

again, but each period of pregnancy was filled with symptoms of threatened eclampsia. The patient was a hearty feeder, her urine was usually scanty, albumen apparent on analysis, but not marked.

In her third pregnancy she had an attack of vertigo, followed by a period of insensibility; she has always suffered with her head. Her treatment during each pregnancy consisted of low diet, abundant drinking of lithia water, and keeping bowels in a condition of mild diarrhea. She has usually taken chloroform during the latter part of the second stage of labor, and has been safely delivered five times without a single convulsion, and is now doing well in her sixth pregnancy, having reached the end of the sixth month.

CASE II.—Mrs. W., of delicate build, in her second pregnancy, during the ninth month had agonizing headache, which failed to respond to remedies; she saw flashes of light and other objects continually before her eyes. When labor came on, she was kept under chloroform until delivered; her skin was so dry as to feel parched. Repeated examination of urine failed to detect any albumen. Within an hour after delivery, she complained of not being able to see (she had had no undue amount of hemorrhage) and began to talk wildly and incoherently. Chloroform was given to control excitement, followed by full doses of potassium bromide and pilocarpine; the skin acted freely and all untoward symptoms subsided; the urine showed large percentage of albumen. Convalescence was uneventful until the fourteenth day, when marked symptoms of septicemia developed, but she passed safely through a most dangerous illness.

CASE III.—Mrs. H. had been carefully

watched during her second pregnancy; the urine was frequently analyzed, with negative results.

About the time she reached the fifth and a half month I was called to see her with a sharp attack of cholera morbus; a day or two of treatment was sufficient to restore her to health. She was discharged with caution as to imprudence in diet, and every other respect. On the evening of the next day, she went out to supper, ate very heartily of almonds and raisins. I was called early the following morning to see her in what her husband called a trance. When I reached her, she talked to me rationally, and manifested no symptoms of special gravity. At 4 P. M., she was seized with a violent puerperal convulsion, quickly followed by a second, and for a few moments I thought her dead. I bled her freely from the arm, labor was brought on, and after delivery she made an uneventful recovery—the urine for the first time being loaded with albumen.

Her next pregnancy progressed satisfactorily to the ninth month, when she complained of distressing head symptoms, urine scanty, but free from albumen; some disturbance of vision. She was freely purged with calomel gr. vj., croton oil gtt. j, with complete relief of head symptoms. The week following, the head symptoms again returned; the dose of calomel and croton oil was repeated with as prompt relief as at first. Labor came on a few days after, and she was safely delivered, without any complication; convalescence was speedy and uneventful.

CASE IV.—Mrs. D., primipara, aged 22, stout and plethoric. I was retained six weeks before confinement. Frequent analysis negative, except once a trace of albumen, till October 12, when the urine was found loaded with albumen, being almost solid on boiling. I was called at 10 P. M. and found she had three convulsions, the cervix rigid, dilated the size of a nickel. She was bled freely from the arm; manual dilatation was persisted in for five hours; the child was turned and delivered; there was a serious convulsion during the labor, which looked as though it would be fatal;

no untoward symptoms occurred during convalescence. I found that she had been complaining for a week before the labor with violent headache. At the same time she had been eating enormously. I had not been consulted.

CASE V.—I was called in consultation to see Mrs. H., primipara, aged 22. I saw her at 6.30 P. M. She gave the history of an unusually comfortable pregnancy. She had engaged her medical attendant two days before and said she had passed sufficient urine. She awoke at 5 A. M. the same morning with severe headache across the vault of the cranium, extending over the occiput and down the back of her neck, and some abdominal pain, which was supposed to be colic, as her time was not up (280 days) till two weeks later. She had been abstemious in her diet during the latter part of her pregnancy, abstaining from eating any supper. Just before 3 o'clock P. M. she described a sensation in her head as if blood was trickling through it and a few moments later a violent eclamptic seizure developed. Her medical attendant, when he saw her in the morning, had ordered $\frac{1}{8}$ grain doses of sulphate of morphia every two hours—she having taken in all about $\frac{7}{8}$ grain. As soon as he saw her after the convulsion, he bled her freely and administered chloroform, controlling the convulsion. When I saw her she was completely relaxed, os fully dilated and bag of waters filling the vagina—ruptured accidentally on my examination. Labor progressed satisfactorily and she was delivered of a live baby at 8.15 P. M.—skin hot and dry, pulse soft, feeble and 120 per minute—profoundly unconscious. Another convulsion at 9 P. M. No secretion of urine since early morning; an enema of bromide of potassium, sulphate of morphia and camphor was administered and she passed into a quiet, natural sleep, having a good night with the exception of slight restlessness. She had also a hypodermic of $\frac{1}{20}$ grain sulphate of strychnia. On the next day she had three more convulsions, but of diminishing severity and longer interval; her vision was impaired and she was unable to recognize

her friends before the third day; periods of consciousness alternated with periods of delirium.

The baby had one convulsion on the day subsequent to its birth, but afterwards did well.

Remarks.—It is not my purpose to discuss the classification or causes of eclampsia; this is sufficiently done in all modern text-books. It is in the direction of such care as will prevent the occurrence of convulsions that I wish to consider the subject.

The cases cited as illustrative emphasize—first, the necessity of early engagement and subsequent close supervision. Case I shows how such care warded off trouble in five pregnancies. Case II points to threatened trouble indicated by the severe head symptoms with negative evidences from the urine and, with Case V, emphasizes this symptom and the hot, dry skin—relief coming when the skin and kidneys had their functions restored. Cases III and IV point to the necessity of careful dieting and the overloading of the stomach as an exciting cause—in the one case no albumen and in the other albumen only twice discovered prior to the development of convulsions. Where there is excessive eating, a hypernutrition is the result in a system in which there is already a hyperplastic condition of the blood. The attempt on the part of the kidneys to eliminate increased effete matter begets kidney irritation—it fails in its function and the appearance of albumen in the urine is the external manifestation of poisoning of the system by toxins, which, unless eliminated, result in an eclamptic explosion.

The patient's diet should be nutri-

tious, digestible, not rich; regular exercise in the fresh air and especial care of the bowels and kidneys.

The administration of saline cathartics should be frequent, making the mucous membrane of the bowels eliminative and derivative; an abundance of lithia water and other necessary diuretics, to stimulate the kidneys. If the patient shows evidences of anemia full doses of the tincture of the chloride of iron long continued will be of value.

The treatment of the case when convulsions occur, I believe, consists imperatively in free administration of chloroform and prompt bleeding, with active purgation if the bowels are constipated; nor should we forget that the welfare of the patient depends upon as prompt delivery as possible—by manual dilatation of the womb and forceps or turning. When, as in Case V, the patient remains unconscious after delivery, with symptoms of depression, as evidenced by rapid, feeble pulse, a hypodermic of strychnia nitrate will do much good by its action in sustaining the heart and diminishing cerebral congestion by its toning-up effect on the vaso-motor nervous system and at the same time sustaining the uterus in firm contraction.

I am convinced of the usefulness of morphia in conditions of rigid os and cervix in the first stage of labor—but, if there be symptoms of threatened eclampsia, it is positively contraindicated and should not be given in the treatment of the convulsions; it arrests secretion in the skin and kidneys and favors the retention of the effete materials in the system.

THE PARASITE OF WHOOPING COUGH.

M. KURLOFF (*Lancet*) remarks that Henke and Deichler have for the last ten years maintained that the cause of whooping cough is a very active organism provided with cilia. He challenges this statement, and believes that the micro-organism of whooping cough is not to be sought for amongst bacteria, but amongst the protozoa. He has never

failed to find active amoebae with finely granulated protoplasm and with spherical spores characterized by concentric lamination. He believes he has been able to follow the development of the spores into amoebae.

The facts he describes may all be observed in the fresh sputa of the patients, even without the employment of an Abbé's condenser.

ANTI-DIPHTHERITIC AND ANTI-STREPTOCOCCIC SERUMS.

THEIR NATURE, METHOD OF PRODUCTION, AND APPLICATION FOR THE RELIEF OF DISEASE.

By C. C. Fite, M. D.,

New York.

READ BEFORE THE LYCOMING COUNTY MEDICAL SOCIETY, WILLIAMSPORT, PA., DECEMBER 1, 1896.

THOSE of us who received our medical education long enough ago to be fond of retrospection will recall the ready acceptance which was given to the germ theory of disease, by the younger and more plastic minds in the scientific world when it was promulgated. We can also recall the doubt and ridicule that was heaped on the promoters of this theory by the over-wise and the ultra-conservative element.

It was my good fortune to witness the great Lister operate, and I noticed how his spray and apparatus excited the ridicule of some of these over-wise men who stood near; men who, by the way, have been forgotten, whilst Lister's name will live forever. Listerism, Pasteurism, antiseptis, asepsis, whatever name we may give to the methods then or since used, mean, after all, the same thing, namely, fighting noxious germs, killing the microbe that is, either by its own destructive action or through poisonous secretions, destroying humanity. All we have attained today in serum therapy comes legitimately from the establishment of the germ theory of disease.

Acting upon the suggestion of your honored associate, and my very good friend Dr. B. H. Detwiler, this paper will be limited to the question of the proper method of producing and using substances to either kill or neutralize the effect of disease germs. The subject is too broad for a full treatise on all the various accomplishments in this direction, and I will therefore select two that appear most interesting. I refer to anti-diphtheritic and anti-streptococcic serums. The first has been accepted as a part of our legitimate and definite list

of remedial agents. The second is still on trial.

As to the nature of anti-diphtheritic serum, I will state that the theory is a simple one. The diphtheritic germ, the Klebs-Loeffler bacillus, finds lodgment in the throat or elsewhere. It begins to grow and multiply, a membrane is formed, a poison is secreted and absorbed. This toxine overwhelms the life centers, paralysis and death may follow. Nature has in the meantime been endeavoring to overcome the danger that is threatening the patient, and has secreted an antitoxin to destroy the toxin.

Marvelous Mother Nature gives the germ a life, but when the balance is apt to be against the culture field, the body, endeavors to neutralize the danger in her own mysterious way. This process was repeated millions of times for thousands of years, but we did not understand it, did not go deep enough into Nature's great laboratory. Finally the educational results of the germ theory had produced a long list of careful thinkers, and with that deep eye, the microscope, and by the aid of vivisection on animals, the secret was discovered, and now, all over the civilized world, are laboratories for the production of the precious fluid.

From Lister to Behring is a long step. It represents energies untold, deep thought beyond our grasp. Only a few years as time is calendared, but a stride so immense as to strike us with awe! When I first met Professor Klebs, the thought passed through my mind—Lister—Huxley—Darwin—Spencer—Koch—Behring—Klebs—guide-posts in the development of life!

I am indebted to Dr. E. M. Houghton of the Biological Laboratory of Parke,

Davis & Company for the details of the method of manufacturing anti-diphtheritic serum. It is in brief as follows: First a culture medium is prepared by adding bouillon to blood serum, and then coagulating the mixture; this is known as Loeffler's blood serum. The diphtheria germs are secured by passing a sterile swab over the false membrane and the swab is then passed over the blood serum and the tube containing the now infected serum is closed with a cotton plug, and put into an incubator where it can be kept at the body temperature. After a few hours small colonies appear on the surface of the serum and the microscope is used to determine if the Klebs-Loeffler bacillus is present and if so, if it is free from other forms of life. If it is a pure culture, small colonies are picked out and transferred to fresh serum and replaced in the incubator.

These growing germs are the seed used for producing the toxin; they are planted in sterilized beef bouillon. The germs then grow rapidly, and produce or secrete toxins which are retained in the bouillon. A small amount of a preservative is added and it is then filtered through unglazed porcelain, which removes the germs and all foreign bodies, leaving the solution clear. This solution of toxin is then injected into the jugular vein of a horse and as Dr. Houghton puts it, "We must now stand aside and allow the remainder of the miracle to be wrought unseen."

The horse's blood now contains an antitoxin which destroys the toxin we have been putting in it. The dose is repeated until, in the course of a few months, a horse can stand without injury a dose several hundred times stronger than one that would have killed him at the beginning of the treatment. Our horse is then our laboratory, but Nature has yet kept her secrets as to how the antitoxin is produced. All we have to do now is to secure the blood from our patient friend, remove the clot, filter, sterilize and preserve the serum, and we have the result, a package of anti-diphtheritic serum, and we are ready to go on our life-saving errand.

I have purposely avoided any reference to the various methods and tests applied on guinea pigs and with the microscope to determine the strength of the toxins and antitoxins from time to time. The methods have been carefully worked out by those engaged actively in the work, and in this way they have been enabled to establish a fixed standard just as definitely as we could weigh any given drug with the scales. The method now generally in use is to make a given number of antitoxin units a dose, irrespective of the bulk.

I consider it of the utmost importance that the serum should be as highly concentrated as possible, hermetically sealed, and only one dose in a package, and it should not be opened until we are ready to use it. By being careful about this, and using a clean syringe, avoiding the large old-style antitoxin syringe with the rubber tube, we can be confident that no harm will come from its use. My opportunities for observing the use of anti-diphtheritic serum and for conferring with eminent authorities as to its use have been quite extensive, and I have reached the conclusion above given and also that it is of the utmost importance to use the serum as early as possible and in full and repeated doses.

In recent conversations with Dr. Joseph Holt, Dr. W. P. Northrup, and Dr. Joseph O'Dwyer, they have referred pointedly to the necessity of full doses. In fact, I think it is legitimate to add that the majority of those who have not been successful in their use of antitoxin have either not used it in sufficient quantity or early enough. Dr. W. A. Walker (*Pediatrics*, October 15, 1896) places great stress on this point, as also does Dr. Douglas H. Stewart (*Annals of Gynecology and Pediatrics*, November, 1896).

Allow me to make a brief digression here and refer to the value of using the microscope in making a diagnosis. Dr. Wm. Osler kindly showed me a case of typhoid fever in his service at the Johns Hopkins Hospital which had a small patch of false membrane on the lower lip. Microscopical examination showed the Klebs-Loeffler bacilli in abundance.

Now it is often doubtless true that the real nature of cases of this kind are overlooked, and they become the foci of infection, and the patch, even though small, may spread to other surfaces later on, after having been the means of infecting probably a number of people. Then we are sure to hear the cry raised about sporadic cases!

I would also ask you not to neglect other methods of local and general treatment; sustain the patient's strength, keep the bowels open with calomel and keep the throat clean. The Loeffler solution is an admirable combination of antiseptics for local use.

I will now refer to the cases of mixed infection and will ask your attention to the articles of Dr. Stewart and Dr. Walker above referred to; also to an editorial in the *Cincinnati Lancet-Clinic* of October 15, 1896, referring to the use of anti-streptococcic serum and quoting that eminent teacher Dr. J. Lewis Smith.

Marmorek and others have used anti-streptococcic serum in cases of diphtheria showing the streptococcus as well as the Klebs-Loeffler bacillus, also in scarlet fever, puerperal fever, general septicemias, infective tonsillitis, erysipelas, and other diseases, whether due to, or complicated by, the appearance of the streptococcus pyogenes, and it seems as if it will prove of great value in other cases, perhaps in multiple abscess and in broncho-pneumonia, or in fact wherever the streptococcus is found as above stated. Dr. Henry Dwight Chapin has been giving some attention to its use in the two diseases last named.

In reference to its use in diphtheria, I am firmly convinced that it is indicated in all cases where the microscope shows the streptococcus and we almost invariably find it in cases which do not yield to the anti-diphtheritic serum and where we see a zone of inflammatory action extending beyond the area occupied by the true diphtheritic membrane. Therefore, if a case does not yield promptly to the anti-diphtheritic serum, we should, I believe, use the anti-streptococcic serum without waiting for the report from the bacteriologist.

The method of producing the anti-streptococcic serum is in the main a similar process to that used in the production of the anti-diphtheritic serum, or by injecting virulent cultures of the germs instead of the toxin.

I am indebted to Dr. Charles T. McClintock of Ann Arbor for advice in regard to this matter. Dr. McClintock writes as follows: "As regards the difference in methods for producing anti-diphtheritic and anti-streptococcic serum, I may say in general that the streptococcus, like a number of other germs, does not readily give off its toxin to the surrounding liquid. If you want to get the toxic properties of the germ, you must take its own protoplasm. On this account we are compelled to use the germs themselves, in order to successfully immunize an animal. The filtered toxins are not very powerful. This is the essential difference between the two materials. In the case of the streptococcus we use a living virulent germ in bouillon culture."

I submitted the same question to Dr. Dillon Brown of New York, and he replied as follows: "To test the value of a streptococcus antitoxin we must not use the toxin; but the culture itself. The point is that in streptococcus infection, the germ itself finds its way into the blood and viscera, while in Klebs-Loeffler infection, the bacillus is rarely found in the viscera on autopsy. In one case, you have a toxin only to fight, and in the other, you have both the germ and its toxin."

There has been a great deal of good work done quite recently in this investigation of the anti-streptococcic serum and I feel confident that we are near a solution of the problem. The New York Board of Health is having it carefully studied in the Willard Parker Hospital and the great reputation and well-known ability of the scientific corps of this board and of the gentlemen composing the staff of the hospital is a sufficient guarantee that the work will be well done. The profession of this country owes much to Drs. Biggs, Park and Prudden.

In conclusion, allow me to say that

the great lesson we may learn from the history of serum therapy, bearing upon scientific advancement, is that we should keep our minds open to receive testimony and look forward, not backward. We are at the beginning only of a great era in medicine. Medicine is partly a science, partly an art. The laboratory worker and the student are the

scientific producers of the colors which the practitioner, the artist, puts on the canvas. If we work together, the one investigating and producing, the other investigating and using, we make more rapid strides, get quicker results, and mutual confidence produces mutual good-will and a cheerful exchange of ideas of advantage to all.

PATHOLOGY OF MULTIPLE SCLEROSIS.

In the *Lancet* an abstract of a very important paper by Professor Strümpell is published on this subject. The etiology of many nervous diseases has in recent years, he says, been successfully investigated, yet about such a common disease as multiple sclerosis little or nothing is as yet known for certain. Marie's view that it is in most cases a sequel of acute infectious disease can scarcely be maintained, for whereas in many cases of acute infectious disease multiple inflammatory foci in the central nervous system occur as a sequel, in thirty or forty cases of his own of multiple sclerosis there could only be found an occasional one in which there seemed to be some possible connection between a preceding infectious disease and the condition referred to. Indeed, in his last twenty-four cases, in not a single one could any such relation be traced. And so it is also with reference to the toxic origin suggested by Oppenheim and others. No doubt where the patients are dwellers in towns and work in metals, etc., the incidence of the disease may suggest some such connection. But in places such as Erlangen, in which the patients are for the most part peasants or country dwellers, such a view fails to find any support. Nor can the vascular-origin of the sclerotic foci be regarded as likely.

It is generally conceded that multiple sclerosis has no connection with syphilis, and it is not easy to understand why certain small vessels in the nervous system only should become diseased in some unknown manner, while similar vessels elsewhere are unaffected. Professor Strümpell's suggestion is that

multiple sclerosis may depend upon some congenital abnormalities in the nervous system. This view was suggested to him recently by a case which he published and in which there were combined a marked condition of hydro-myelia, central gliosis, and multiple sclerosis. He had previously observed a case of hydromyelia with multiple sclerotic foci.

Further points in support of such a view are that it is a disease of early life (the first symptoms can often be actually traced back to childhood) and that the axis cylinders are so long spared. It is further suggested that the change may occur first in the neuroglia and that there are foci where it undergoes proliferation—a condition, indeed, of multiple gliosis—whose origin is to be sought in some congenital peculiarity.

Professor Strümpell, in concluding his paper, directs attention to two conditions in the symptomatology of the disease. First, as to the character of the disordered movement, he believes it does not essentially differ from the ataxy of tabes, and, secondly, he finds that the abdominal reflex is very frequently absent. This view as to the etiology of multiple sclerosis is extremely interesting. There are few objections of much weight to be offered to it, but, of course, it can only be confirmed or refuted after careful and prolonged examination of many cases in various ways.

ICHTHYOL IN GONORRHEA.

CANOVA (*University Medical Magazine*) recommends in gonorrhea of the female injections of a one-half per cent. solution of ichthyol.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT HAGERSTOWN, MD.,
TUESDAY AND WEDNESDAY, NOVEMBER
10 AND 11, 1896.

TUESDAY, NOVEMBER 10, FIRST DAY.
EVENING SESSION.

Dr. William Osler related A CASE OF DIFFUSE SCLERODERMA, WITH EXHIBITION OF PATIENT. This patient, a white man, aged 30, came under my care on the 14th of last March. He has a progressive thickening of the skin; a condition known as diffuse scleroderma. It is chiefly in the extremities and on the face. It is noticeable in the remarkable thickening, induration and gradual immobility of the skin. In the progressive case ordinarily the fingers become eroded and finally completely disabled. This man's disability is considerable. He can not close his fingers sufficiently to make a fist and can not pick up small objects. The disease has begun in his face. You can see that the cheeks are somewhat hide-bound and the skin hard and firm. The wrinkles are somewhat smoothed out, though the skin of the forehead is not yet involved. It is most marked in his hands, which are cold, and upon grasping his hand it feels like marble or a hand molded in wax. In attempting to pick up the skin you find that you cannot pucker it at all. Two groups of these cases are recognized, the local and the diffuse scleroderma. It is a tropho-neurosis, the etiology is not known and its pathology extremely obscure. It is stated that cases have recovered under thyroid extract; some recover spontaneously.

This patient has improved somewhat under the thyroid treatment and is still continuing it. He says that he is able to use his hand better than a few weeks ago. He is unable to lift his shoulders much because of the hide-bound condition of his chest: It is a very slow progressive disease and we hope that perhaps in this case it may be arrested, if not cured. It is an exceedingly rare affection, and I was in practice nearly 20 years before I saw a case. It is

rarely seen even in the large clinics of Europe. Four years ago we had the first case in the Johns Hopkins Hospital, and since that time I have seen five. One of these was a woman from Virginia, who had the disease in an extreme form. The tips of her fingers were eroded, the face so completely drawn that she could not move any of the muscles and the skin of the upper lip stretched tightly across her teeth. Her physician had to remove one or two teeth in order to feed her. She gradually sank and died. I have at present three other cases under observation, all upon the extract, but this is the only one that has shown any signs of improvement. One of them, a gentleman, has a singular feature to the disease. So long as he is recumbent the legs are of a natural color, but as soon as he gets up the legs become purple almost to the waist. It is a vaso-motor change. The disease is more common among men than among women.

Dr. Simon Flexner then made some remarks on the PATHOLOGY AND BACTERIOLOGY OF TYPHOID FEVER. (See page 145.)

Dr. William Osler: This is a disease that is entirely preventable. It is an index of the sanitary intelligence of the people and the physician of any district. It could be stamped out in this State within three years with the intelligent coöperation of the politicians. I would like to hear from Dr. Fulton as to what he thinks should be done in order to secure proper measures for the stamping out of this disease in Maryland.

Dr. John S. Fulton, Secretary of the State Board of Health: In the short time that I have had charge of the sanitary matters in this State I have made one observation, that is, that the country-bred bacillus is a popular germ in the city, and the Baltimore germ the popular one in the counties. The State Board of Health permitted me recently to address letters to 56 doctors, from whom I received 23 replies on this subject. There was much argument from the counties to prove that all the cases of typhoid fever in their vicinity came directly from a case or cases that arrived

from Baltimore, and, on the other hand, from a half dozen in the city there was argument to show that all the cases in the city came from outside districts. This is a more important observation than at first appears. For the reason that no good results can be obtained so long as these gentlemen maintain their respective opinions. I have also discovered that probably the major portion of the typhoid fever that exists in the State today is hidden under the name of typho-malaria. It is not necessary to discuss whether there is such a thing or not, but there are arguments against it that might be mentioned. It is generally considered that this is a fever between the two and having some of the symptoms of each. While that would seem to mean that you have malaria grafted upon a typhoid case, or, *vice versa*, it is yet said to be a less serious affection than either one of these diseases alone. This seems to me an argument against the existence of typho-malaria. In one of the most important medical centers in this country a recent report (Bellevue Hospital) shows sixteen cases of typhoid fever with a mortality of sixteen, and seventy-six cases of typho-malaria with no deaths. Now, these men are between the horns of a dilemma. Either their diagnoses were bad, or their treatment simply murderous. Typho-malaria used to hold a position somewhere between typhoid and malaria. I find that the acme of typho-malaria and that of typhoid always occurs either in October or November. Now, the line of intermittent fever always reaches its acme either in June, July or August. It was found that a general dissemination of knowledge, the improved methods of diagnosis and better sanitation in that State caused the malarial line to instantly approach that of typhoid fever, until in 1890 the two lines touched. In 1891 the typho-malarial curve dropped and remains now below that of typhoid fever; it shows that as the years have gone by the authorities of Michigan have been putting typho-malarial fever out of existence. The Board of Health will in a few years make an extended inquiry as

to the amount of typhoid in the State of Maryland, and I hope the replies will be particularly full as to the question bearing on typho malarial fevers. I ask the coöperation of all present and trust you have no prejudices in favor of either Baltimore or country-bred bacilli.

Dr. Wm. B. Canfield made some remarks on the MODERN METHOD OF EXAMINING URINARY SEDIMENT. He said that as a rule the chemical examination of urine was not difficult, but the finding of the sediment was not so easy unless it was especially abundant. When the sediment was scarce or apparently absent important ingredients may be overlooked. The method of allowing the urine to stand in a conical glass has some disadvantage, especially in warm weather when decomposition may occur, also casts may remain suspended and often adhere to the sides of the glass and escape observation. Moreover, this method of examination involves a waste of time; for this reason he would advocate the more general use of the centrifugal. The centrifugal machine has been long known and used, for example, in sugar refining, and also in many physiological experiments, but only of late has a smaller and portable machine been made which can be easily used. When put upon the market it was surprising to find so little mention of the use of this machine, in even the most modern text-books on urinary analysis, and he also thought that with the exception of the larger hospitals and a very few physicians the centrifugal was still a mystery. He then exhibited the machine which he has used and demonstrated the method employed.

Dr. J. M. T. Finney then made some remarks on the use of the X RAYS IN SURGERY. Messrs. Arnold and Smiles of the Edison Company first explained the use of the machine and its simplicity as put out by the Edison Company. He explained the advantage of it in diagnosing dislocation or fracture or other deformities made visible by it and suggested that by the use of photographs, which could be easily taken in the light without a lens, that the surgeon could keep a complete record with illustra-

tions of every case adaptable to the machine and thus protect himself against malpractice suits. In conclusion, Dr. Finney related some cases and explained the advantages of the machine from a surgical standpoint. After this there was a general discussion and demonstration of the X rays machine of various cases which had been brought in by local physicians.

SECOND DAY,

WEDNESDAY, NOVEMBER 11.

Dr. Frank Martin then read a paper on CANCER OF THE TONGUE, in which he described the character of the growth usually present as epitheliomatous; the age most prevalent 45 to 68, the length of time it took the growth to develop, six months to three years, and the various operations for its removal. He said that the symptoms at first were very undefined with very little pain; it usually begins on the side of the tongue and in its anterior half and the duration of life without operation had been recorded as one year to eighteen months. He spoke of the various operations such as that done with tracheotomy with an incision in the jaw and with operation through the mouth; he found that the operation by incision in the jaw bone gave the most complete results and in his experience the wound healed kindly.

Dr. J. M. T. Finney: During the last six months I have had an opportunity to operate upon three cases in which the entire tongue was removed for cancer. The recommendation for the Cooper operation, which was described, is that the wound can be kept entirely aseptic. In our experience this was not so for the reason that the wound communicates at all times with the mouth, and it is hence impossible to keep it clean. The constant dribbling of the saliva will render it unclean in a very short time. In two of our operations a combination of several methods was used and proved very satisfactory. The objection to Langenbeck's operation is the failure of the jaw to unite. I have had no experience with it personally. In my last two cases preliminary to the removal of

the tongue I operated upon the glands, removing the sublingual, the submaxillary, and then closed the wound. The linguals were tied at the same time. A strong ligature was passed through the tongue then and this organ excised by a strong pair of scissors. This operation proved entirely satisfactory. The first patient was a man 72 years of age. He was in the hospital two weeks and a half and then returned home with the wound, a perfectly clean, granulating one. The second case was even, if not more, satisfactory. He was a young man and returned home in two weeks after the operation. After Cooper's operation it takes perhaps months for the wound to heal up.

Dr. Martin: In the operation suggested by Dr. Finney it seems to me that in taking out the infected structures, closing the wound and removing the tongue are another operation. There is a certain territory at the back of the floor of the mouth which is left to become the seat of a new growth. Cooper's operation does leave a long standing wound to close up, but in my last case the closing occurred in three weeks.

Dr. Finney: I could not find any observations on this question as to whether these intervening tissues become involved. It is a recognized fact that it is more liable to take place in the glandular structure rather than in the tongue when recurring. Whether the intervening tissues become involved at all, or in what proportion of cases, I could not find out. Surely 75 per cent. of the recurring growths I think are in the glandular structures, and, if so, just that proportion of cases would be cured by this operation.

Dr. J. W. Humrichouse of Hagerstown read a paper entitled SOME OF THE RESULTS OF BACTERIOLOGICAL RESEARCH.

Dr. David F. Unger of Mercersburg, Pa.: I am very much interested in the remarks about antitoxine, and would like to ask what progress has been made in its use. About a year ago we considered the subject before the Franklin County Medical Society and Dr. Welch's paper on this subject was up for discussion. Has Dr. Humrichouse any sta-

tistics showing the result of the use of this remedy, and whether it is advisable to use it?

Dr. Humrichouse: I have not the statistics at hand, but I think the proper thing to do is to use it surely. This week I have used the remedy twice with no more reaction than would be the result of a hypodermic use of any sterilized liquid.

Dr. Osler: Those who are not convinced by the report of the American Pediatric Society upon the efficacy of this remedy are perhaps worse than Dives. They will hear neither Moses nor one of the prophets, nor would they be persuaded though one rose from the dead.

Dr. Randolph Winslow reported A CASE OF GASTROSTOMY FOR ESOPHAGEAL OBSTRUCTION.

Dr. Joseph E. Gichner spoke of THE PRESENT STATUS OF THE TREATMENT OF TUBERCULOSIS.

Dr. H. O. Reik read a paper on THE PRACTICAL USE OF SKIASCOPY. (See page 109.)

Dr. E. Tracey Bishop of Smithsburg presented a patient who had an immense tumor of the right side of the neck and hanging down over the chest.

Dr. Randolph Winslow (examining patient): This tumor is freely movable, hard in some places and very soft in others, probably contains some fluid; has been in existence the patient says for eighteen years. It has no pedicle and is not connected with the deep structures. It feels at some points as though it might contain bone. I should say, without knowing anything more about it and without microscopical examination, that it is a fibroma, or fibroenchondroma. I think it could be removed without much danger.

Dr. Finney: I should quite agree with Dr. Winslow. It is too low down to be a parotid tumor. We had a case similar from this county last week, which proved to be a molluscum fibrosum. I would advise its removal.

Dr. Finney then exhibited a patient, who had undergone amputation at the hip, saying: Amputations of the hip joint are sufficiently rare to excite in-

terest when they occur. This patient was operated upon in August last. His illness begun three years ago, about which time he fell on a rock. Six months later he began to have pain which lasted for several days, then disappeared. He supposed this attack was rheumatism and did not notice any enlargement of the limb for some time, probably a year later. The new growth became more painful and at the end of the year the pain was constant. Last June he went to Philadelphia to the Jefferson Hospital and states that he was there operated upon twice, but does not know the nature of the operations. There was a scar as if an incision had been made into the growth. He remained in the hospital six weeks, but after his return home the growth began to increase very rapidly and three weeks later he came to the Hopkins Hospital. The femur seemed to be considerably involved and was painful to the touch, particularly over the inner condyle. The knee was slightly flexed and had very little motion. A diagnosis of sarcoma was made. His condition was fair, not very good, but as pain was so great we thought it best to operate at once. The method employed was one of the typical ones, but, as I thought it best to save as much blood as possible, I performed a preliminary ligation of the vessels just above Scarpa's triangle. I carried my incision down far enough to get plenty of tissue, then made a circular cut and enucleated the head from its socket, destroyed the cartilage of the socket and closed the wound without any drainage. The hemorrhage was insignificant and shock very slight. I gave him the subcutaneous salt solution injection, although his pulse was as good as when we started. He made a good recovery without any reaction whatever. He was in the hospital three weeks; has had no trouble since except the sensation in the toes which always follows in amputation. About the third day his pulse went up to 160 and his temperature to 102 degrees without any cause that we could discover. We simply employed expectant treatment and it came down and remained normal.

MARYLAND Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, \$3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, DECEMBER 19, 1896.

FROM the large number of physicians who were present at the highly interesting ceremonies on the occasion of the formal dedication of the Frick Library of the Medical and Chirurgical Faculty, it seems almost superfluous to record the particulars of that important event.

Soon after moving into the new building of the Faculty enterprising members began to think of plans by which the benefits of the Faculty and its library might be enhanced and extended. The first step was the formation of the Book and Journal Club, through which many new books and journals have been added to the shelves.

Then the present president evolved the happy idea of interesting prominent citizens in the needs of the Faculty, and through his endeavors the Frick brothers gladly endowed what is now called the Frick Library, which was formally opened last week. Mr. Reverdy Johnson, an intimate friend of the late Dr. Charles Frick, has also promised the library one hundred dollars a year.

The full programme of the exercises held last week will appear later, but suffice it to say at present that the addresses and remarks were most fitting and appropriate to the occasion. After a statement of the condition of the whole library as well as of the Frick endowment by the president, Dr. Osler, Dr. Samuel C. Chew, a life-long friend of Dr. Frick, delivered an ornate and scholarly address on the life and work of Dr. Charles Frick. This was followed by remarks from Mr. Reverdy Johnson of the Baltimore Bar paying a high tribute to his personal friend Dr. Frick and at the same time presenting to the library a copy of Dr. Frick's most important work on Renal Affections, the very copy which Dr. Frick had presented to him with his autograph when it appeared.

Then followed remarks by Dr. J. M. DaCosta of Philadelphia and Dr. J. D. Bryant of New York on the value of libraries to the profession and an enumeration of the principal medical libraries of the world. In these addresses due credit was given to Dr. James R. Chadwick of Boston, whose stimulating oration almost a year ago was the means of raising so much money towards the new building. After the exercises were completed the members withdrew to the hall below, where an ample collation was served.

To the president, Dr. Osler, and to the trustees, too much praise cannot be given for the great strides made by the Faculty in the past year. The trustees, with Mr. W. F. Frick and a few other invited guests, twenty-two in all, were entertained by Dr. Osler at a most elaborate luncheon at the Maryland Club at two o'clock. Later the visiting guests and others took dinner with Dr. Osler at his house, and at night the members were the guests of the Faculty.

The good work which has begun so auspiciously should not be allowed to stop here and it is hoped that other public-spirited and influential citizens may feel sufficiently grateful to the medical profession to add still further to the present endowment and make the Faculty a wealthy and powerful body. Meanwhile every available physician in the city and State should be enrolled on the membership list.

Thus the strength which comes from such a solid union will not only command the respect of all good citizens but will be all powerful when important questions come up

which demand the support of the city and State governments.

The total yearly income for books and journals, in addition to what is appropriated from the general fund of the Faculty, is thus about \$700; \$500 from the Book and Journal Club, \$100 from the Frick brothers and \$100 from Mr. Reverdy Johnson. The \$1000 which was first given by the Frick brothers was spent in furnishing the Frick Library.

* * *

FOR the first time in the history of this State a midwife was convicted and fined for neglecting to report to
A Good Law Enforced. some physician or to the Health Commissioner the diseased condition of the eyes of a newborn infant.

It was only after much hard work and frequent visits to Annapolis that the committee in charge of the bill, the object of which was to reduce the cases of ophthalmia neonatorum and blindness, succeeded in having passed in 1894 a law which was for the benefit of the ignorant. Such a law had been in force for two years and only within the past few weeks was the first midwife caught and punished. Owing to the novelty of the law and the apparent or feigned ignorance of the woman in attendance the punishment was as mild as possible, but it will likely have a good effect in arousing other midwives to do their duty.

It is unnecessary to quote statistics to show how large a proportion of blindness is due alone to neglect of the eyes in the first few days of life and the great efficacy of Cr  d  's method. The full history of this case with the simple yet comprehensive law is here given.

Physicians should make it their duty not only to examine, treat or report all cases, but should warn midwives with whom they come in contact of the dangers of neglect and, what is more effective, of the extreme penalties which may be inflicted. The following is an authentic account of the case with the law attached:

The first trial for violation of the law enacted by the legislature of 1894, "To prevent Blindness in Infants," took place on Friday, November 26, before Justice Leyshon of Canton. The prosecution was conducted by Dr. John S. Fulton, Secretary of the State Board of Health, upon information furnished him by Dr. Hiram Woods of Baltimore. It developed

in the trial that the infant, daughter of Henry and Pauline Seitz of Highlandtown, was born in April under the care of a Mrs. Liersman, registered midwife. The child's mother testified that when purulency appeared on the fourth day, the midwife assured her it meant nothing serious, made no suggestion of the propriety of calling in a physician, advised the application of warm chamomile tea, and breast milk, and herself applied these remedies. When the baby was brought, in July, to the Presbyterian Eye, Ear and Throat Charity Hospital, both corneas were sloughed. The case came under Dr. Woods' notice early in November. Mrs. Liersman, in her own behalf, stated that she had washed the child's eyes regularly and had advised Mrs. Seitz to summon a physician. She acknowledged having received from the Health Office of Baltimore a copy of the law and of the circular letter, sent through this office some time ago by the Committee on Prevention of Blindness of the Medical and Chirurgical Faculty. This letter gave directions concerning the care of infants' eyes and dwelt upon the dangers of ophthalmia neonatorum. She said that she understood the law to require the reporting of cases of children born blind. The justice adjudged her guilty and imposed a fine of \$25 and costs. The law is as follows:

AN ACT TO PREVENT BLINDNESS IN INFANTS.

"Section 1.—Be it enacted by the General Assembly of Maryland: That if at any time within two weeks after the birth of any infant one or both of its eyes, or eyelids, are reddened, inflamed, swollen, or discharging pus, the midwife, nurse or person other than a legally qualified physician, in charge of such infant, shall refrain from the application of any remedy for the same, and shall immediately report such condition to the Health Commissioner, or to some legally qualified physician in the city, county or town wherein the infant is cared for.

"Sec. 2.—And be it enacted, That any person or persons violating the provisions of this Act shall, on conviction, be punished by a fine not to exceed one hundred dollars, or by imprisonment in jail not to exceed six months, or by both fine and imprisonment.

"Sec. 3.—And be it enacted, That this Act shall take effect from the date of its passage.

"Approved April 6, 1894."

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 12, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		18
Plithis Pulmonalis.....		25
Measles.....	2	
Whooping Cough.....	4	1
Pseudo-membranous Croup and Diphtheria. }	26	8
Mumps.....	1	
Scarlet fever.....	29	1
Varicella.....		
Typhoid fever.....	6	3

Berlin now has a professor of massage.

The Loomis Sanitarium in New York State is open for patients.

There are many cases of diphtheria at Princeton, New Jersey.

By the will of the late Gabriel D. Clark the Nursery and Child's Hospital receives \$500.

Texas is much pleased with the Maryland Medical Law and is trying to have one like it.

The physicians of Santa Clara County, California, have agreed to abstain from lodge or contract practice and to abolish cut rates.

Typhoid fever is said to be prevalent in Howard and Carroll Counties, Maryland, especially near Woodbine.

Philadelphia physicians deserve credit for already having begun arrangements for the semi-centennial of the American Medical Association next June in that city.

Dr. W. G. Damm of 1404 William Street, Baltimore, advertises in the "Personal" columns of the daily press that his professional advice and medicine are given for fifty cents cash. Dr. Damm is a graduate of the Baltimore University School of Medicine in 1890.

Dr. T. More Madden has received from the Royal University of Ireland the honorary degree of M. A. O. (Master of the Obstetric Art). Dr. Madden is Obstetric Physician and Gynecologist to the Mater Misericordiae Hospital and Consulting Physician to the Chil-

dren's Hospital and has written extensively on obstetrics and gynecological subjects.

Dr. E. R. Bishop, assistant physician at the Sheppard Asylum, has resigned. Dr. Bishop contemplates studying in Europe. The resignation will be acted upon at the next meeting of the Board. Dr. Bishop has been efficient in the discharge of his duty and is highly esteemed by the Board.

Dr. Leonard J. Sanford, late Professor of Anatomy and Physiology at the Yale Medical College, New Haven, Connecticut, died at his home last Sunday. Dr. Sanford was born in New Haven in 1833 and was graduated from Jefferson Medical College, Philadelphia. He was a member of the American Medical Association, American Academy of Medicine and other societies.

The third annual session of the American Academy of Railway Surgeons was held at Chicago, September 25, 1896. The following officers were elected: President, Dr. L. E. Lemen, Denver; Vice-Presidents, Dr. M. C. M. Gardiner of San Francisco, Dr. R. Ortega of Diaz, Mexico; Secretary, Dr. D. C. Bryant, Omaha; Treasurer, Dr. C. B. Kibler, Corry, Pa.; Editor, Dr. R. Harvey Reed, Columbus, Ohio.

The following contracts with hospitals and dispensaries of Baltimore will probably be renewed for the coming year: Nursery and Child's Hospital, \$3700; Woman's Medical College Free Dispensary, \$500; University of Maryland Free Dispensary, \$1000; Dispensary of the Dental Department of the University of Maryland, \$500; Southern Homeopathic Medical College Free Dispensary, \$800; Southern Free Dispensary, \$1000; Baltimore College of Dental Surgery Free Dispensary, \$500; Provident Hospital Free Dispensary, \$800; Northeastern Free Dispensary, \$1200; Maryland Homeopathic Free Dispensary, \$800; Evening Dispensary for Working Women and Girls, \$700; Eastern Free Dispensary, \$1800; College of Physicians and Surgeons Free Dispensary, \$1500; Baltimore University Free Dispensary, \$1000; Baltimore General Free Dispensary, \$1800; Baltimore Medical College Free Dispensary, \$1200; Baltimore Eye, Ear and Throat Charity Hospital Free Dispensary, \$500. These contracts are annually made between the city and these institutions in return for the latter's treatment free of direct charge to the poor of the city.

Book Reviews.

SECRET NOSTRUMS AND SYSTEMS OF MEDICINE. A Book of Formulas, compiled by Charles W. Oleson, M. D. (Harvard). Sixth Edition. Revised and Enlarged. Chicago: Oleson & Co., Publishers, 35 Clarke Street. 1896.

This deservedly popular book has reached its sixth edition in a short time. When one reads the actual value of some of these compounds and what is paid for them the conviction is firmer than ever that we mortals are fools. This little book does a still further good work by exposing those proprietary productions containing such harmful ingredients as alcohol, morphia and cocaine. The author's object is to collect in one book what is known of these secret remedies, knowing full well that their value lies in this secrecy. He bears testimony to the good work of Frederick Stearns & Co., Detroit, in helping to expose these harmful compounds. Some analyses are only relative and not exact. His analysis of Hunyadi Janos water does not correspond to the *Lancet's* analysis, but is near enough for all practical purposes. Every physician should be acquainted with the preparation of secret remedies, else how can the great harm done by such preparations be combated? The author has issued a commendable work.

THE MEDICAL NEWS VISITING LIST FOR 1897.

In one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Philadelphia and New York: Lea Brothers & Co.

THE MEDICAL RECORD VISITING LIST AND PHYSICIANS' DIARY FOR 1897. In black or red morocco leather, with flap, \$1.25 and \$1.50. New York: William Wood & Co., Publishers.

THE PHYSICIANS' VISITING LIST (Lindsay & Blakiston) FOR 1897. Forty-sixth year of its publication. Sold by all booksellers and druggists. Philadelphia: P. Blakiston, Son & Co. 1012 Walnut Street.

These lists differ little from those of last year except in the date. The *Medical News* List is better bound than the other two, while the *Medical Record* List has the most flexible covers and the best paper. The Physicians' List seems to be the most popular, although the binding is not especially good and the pocket rather poor. A physician would hardly go wrong in buying any one of these. The Physicians' List is the least bulky.

Current Editorial Comment.

PHYSICIANS AND POLITICS.

Charlotte Medical Journal.

It is the privilege, and indeed the duty, of the physician, in common with all American citizens, to take part to a certain extent in the affairs of government, national, State and local. He no doubt should give such attention to matters of legislation which affect him, as well as all others, as to be able to cast his ballot intelligently. It would seem, however, that a note of warning may not be amiss, lest the doctor should degenerate into the ward politician and find himself immersed deeply in the muddy pool of politics.

SLOW PHILADELPHIA.

Medical and Surgical Reporter.

In many cities the pace of advancement in matters sanitary has been set by the city fathers. In Philadelphia, unfortunately, the converse seems to be true. The powers that be act as a clog on whatever spirit of progress is shown by the public. All that has been gained has been at the expense of long and persistent demand and there is not the slightest doubt but that in the matter of sanitation alone many valuable lives have been sacrificed to imperfect conditions, long after the demand for the change of such conditions has been made.

KLEPTOMANIA.

Journal of the American Medical Association.

KLEPTOMANIA, as a system of mental disorder, has long been recognized by alienists. Marc, who reported many cases half a century ago, recognized that people, in circumstances which should have placed them beyond temptation, stole from shops articles to them almost valueless, whose number and uselessness indicated mental disorder in the thief. According to many alienists, kleptomania is always a manifestation of degeneracy, an episodic symptom-complex. There are kleptomaniacs of this type who steal purely for the sake of stealing. At the same time, as Lacassagne points out, in the vast majority of kleptomaniacs, kleptomania is a morbid manifestation of certain neuroses and psychoses rather than a psychosis by itself. In many cases of so-called kleptomania, stealing is a manifestation of viciousness or feeble morality. Kleptomaniacs steal, but not all thieves are kleptomaniacs.

Publishers' Department.

Convention Calendar.

BALTIMORE.

- BALTIMORE MEDICAL ASSOCIATION**, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.
- BOOK AND JOURNAL CLUB OF THE FACULTY**. Meets 2d and 4th Wednesdays, 8 P. M.
- CLINICAL SOCIETY**, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.
- GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE**, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. W. S. GARDNER, M. D., President. J. M. HUNDLEY, M. D., Secretary.
- MEDICAL AND SURGICAL SOCIETY OF BALTIMORE**, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.
- MEDICAL JOURNAL CLUB**. Every other Saturday, 8 P. M. 847 N. Eutaw St.
- THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB**. Meets 2d Mondays of each month at 8 P. M.
- THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY**. Meets 1st and 3d Mondays, 8 P. M.
- THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB**. Meets 4th Monday, at 8.15 P. M.
- MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE**. SEE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.
- UNIVERSITY OF MARYLAND MEDICAL SOCIETY**. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

- CLINICO-PATHOLOGICAL SOCIETY**. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.
- MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA**. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.
- MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA**. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.
- MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA**. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.
- WOMAN'S CLINIC**. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.
- WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY**. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

S. L. REED, M. D., Highland Park, Ky., October 28, 1896, writes: Have only time at present to copy notes in reference to cases in which I used Bromidia. Was called suddenly early on morning of June 10, to see Mrs. McG. Patient had been under treatment of Dr. R., who had been called but failed to answer. Found patient suffering with acute mania, very violent and destructive. On questioning family found patient had delivered herself four days previous of a three months' fetus. Since that time patient had been receiving enormous doses of morphine with no apparent result. As patient was beyond control, improvised a straight-jacket of her husband's sweater and bicycle belt. Ordered half ounce Bromidia (Battle & Co.) every half hour until quiet. In two hours patient was sleeping. Patient continued to receive Bromidia whenever indicated, along with other treatment, and in a few weeks was apparently well, although Dr. R. still has her under observation. This will show the superiority of Bromidia over morphine, especially in cases with head symptoms. I have had moderate success with Iodia, but could sing the praises of Papine in several columns if I had the time.

PARTURITION.—In the incidental management of the lying-in room, Listerine is very grateful to the patient. Bathe the face and hands, in fact all parts of the body, in a weak solution (say an ounce to pint of water). Used as a mouth wash, especially before meals, it is refreshing and appetizing; and, taken internally, removes all fetor arising from the stomach or mucous tracts. Sprayed about the room and bedclothes by a simple atomizer, it purifies and sweetens the atmosphere. As a prophylactic and restorative douche or injection after parturition, an ounce or two ounces of Listerine in a quart of warm water is all-sufficient. Where stronger solutions are indicated, Listerine may be used in larger proportion—one ounce of Listerine, one ounce of glycerine and two ounces of water is a prescription frequently written. Listerine forms an excellent and very effective means of conveying to the innermost recesses and folds of the mucous membrane that mild and efficient mineral antiseptic, boracic acid, which it holds in perfect solution.

Ready September 1st.

MALTINE

with

Wine of Pepsin.

Samples and Literature on Application.

THE MALTINE MANUFACTURING CO.,

168 Duane Street, New York City

MANY Physicians have looked to Co-operative and Assessment organizations, lodges, camps, etc., for their life insurance, under the belief that a given amount of life insurance could be there purchased for less money than in a regular company. It is a mistake—a very grave mistake. A much better grade, certain in amount, backed by ample assets, dependent upon nothing except the payment of the premium is furnished by the

PENN MUTUAL LIFE OF PHILADELPHIA, at a much less cost than is incurred in many of the organizations referred to. Look at these rates :

Age.	Amount.	Cost per year for 10 years.
25	\$10,000	\$118.00
30	10,000	131.00
35	10,000	148.00
40	10,000	174.50
45	10,000	221.00
50	10,000	293.50

Correspondence solicited. No obligations imposed. No importunity. Address,
PENN MUTUAL LIFE,
Philadelphia, Pa.



This Elixir is prepared from the Chemically Pure Salts, Results can be looked for from its administration that could not possibly be expected from the Commercial Salts. FORMULA—Each fluid drachm contains Arsenici Iodidum 1-125 grain, Ferri Iodidum 1-12 grain, Hydrargyri Iodidum 1-125 grain, Manganesi Iodidum 1-10 grain, Potassii Iodidum one grain, Sodii Iodidum one grain, with Aromatics. MEDICAL PROPERTIES—The greatest value of this combination is it relieves those obscure and chronic obstructions to gland action—the kidney, liver, pancreas, as well as the lymphatic system, which may exert so great an influence for evil on the economy. It enjoys the confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in pernicious anemia, skin diseases, both scaly and papular; has remarkable curative effects in specific diseases and other manifestations of systemic infection, chronic, uterine, and pelvic diseases, and in complaints where an alterative and tonic is indicated.

This combination proves that the united action of remedies is often requisite when, either, alone, is insufficient. Physicians, when prescribing, will please write: Iodidi Elix. Sol. (WALKER-GREEN'S.)—One bottle.

The Druggist will please write directions on his own label. ELIXIR SIX IODIDES is always sold in eight oz. oval bottles and NEVER IN BULK.

Attention is also called to our ELIXIR SIX BROMIDES, ELIXIR SIX HYPOPHOSPHITES, and ELIXIR SIX APERIENS, which are unexcelled for clinical efficiency and palatability.

A liberal discount will be allowed Physicians who desire to prove their clinical efficiency. Wholesale price per dozen: Iodides, \$8.00; Hypophosphites, \$8.00; Bromides, \$8.00; Aperiens, \$8.00.

SEND FOR DESCRIPTIVE CIRCULAR.

These Elixirs are kept in stock by Wholesale Druggists generally throughout the United States.

The Walker-Green Pharmaceutical Co.
(INCORPORATED.)

Head Office, 180 W. Regent St., Glasgow, Scotland.

WESTERN DEPOT, U. S. A.,

17 W. Fifth St., Kansas City, Mo.

PROGRESS IN MEDICAL SCIENCE.

FERRATIN is introduced for use as a fine powder, having a reddish-brown color resembling oxide of iron, and in two forms, viz.: In the free state insoluble in water, and as sodium compound, which after being allowed to stand for some time, and then stirred, is readily dissolved in water. The water for this purpose must be as free as possible from lime, as otherwise the insoluble calcium-Ferratín is liable to be formed. These aqueous solutions of sodium-Ferratín may be used with advantage as additions to milk or other liquid foods, particularly for the nourishment of small children.

DR. C. MORROSA, 1045 Mission St., San Francisco, Cal., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* (White) in one case of gonorrhea. A lady had a discharge for months and had been treated with iodine crystals in water as an injection with no effect except to soil her clothing. I gave her a bottle of S. H. Kennedy's White *Pinus Canadensis*, giving directions for use as injection internally, gave fluid ext. *prunus virg.*, as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good; I have used them in some minor cases that I did not think worth while noting at the time, always with success.

FOR a malt to be lacking in diastatic power and purity are the most serious faults. Diastase is a soluble substance and possesses the power of dissolving starch, convert it into gum (dextrin), and finally into grape sugar. The amylolytic properties of diastase are in some respects similar to that of the pancreatic juice, and is analogous to the action of pepsin; one grain of pepsin converting two thousand grains of albumen into peptones, and one grain of diastase converting two thousand grains of starch into sugar. When we desire to act upon starch alone, it will frequently prove serviceable when pancreatin cannot be used, owing to the destructive action of the gastric juice upon this delicate product. When too much starchy food is taken into the system, the amylolytic function is arrested, fermentations occur, accompanied by more or less physical and mental depression, due to the local irritation set up and the

absorption of noxious materials. Some believe dysentery is a disease due to such a condition. The most casual observer cannot fail to understand the deleterious effects of such a condition and will readily appreciate the efforts of the manufacturer to produce a remedy of the purest quality containing the distinct therapeutical properties of diastase, which is calculated to meet these difficulties. In the very careful and scientific preparation of Dukehart's Extract of Malt and Hops, the manufacturer has overcome all these objections and has succeeded in producing the best as well as the most palatable malt extract in the world.

THE TRINITY OF THERAPY.—If there is anything that distinctively marks the medical era which closes with the 19th century, it is the profound revolution in therapy. The former system which was adopted from the natural tendency of the human mind to rest in experimental, yes, even empiric, theory based itself upon the direct action of remedial agents in disease, without any reference to the action of such a remedy under the normal conditions of the organism. This system recognized as the pathological system in contradistinction to the physiological method necessarily calls for an infinity of therapeutic agents, each one of which acted, or was supposed to act, independently of the others, to bring about a restoration to normal function, and even structure. As, however, bacteriological science has demonstrated the most wonderful principle of direct physiological antagonism to diseases as its germs float through the blood current, thus proving the possibility of the organism to destroy its own enemies, modern therapeutics has lined its forces to support this grandest of all principles of resistance to disease in general. Now, to meet these three great therapeutic principles, physiologists and chemists have for the past decade bent their best efforts. All of these principles have been met fully by the modern method of pharmacal science. The first in extraction of Phaselin; the second in the chemical combination of Rheumagon; and the third in the strong phosphatic product, the triumph of modern chemistry, to which, for some reason unknown to us, the name Melachol has been given. But without doubt we have here the trinity of therapy.—THOS. OSMOND SUMMERS, M. A., M. D., F. C. S., London.

The Trinity of Therapy.

ANALGESIC · ABSORBENT · ASSIMILANT.



RHEUMAGON

A SPECIFIC FOR
ALL
RHEUMATIC CONDITIONS
AND
FIBROUS INFLAMMATIONS.
LUMBAGO, ARTHRITIS,
AND ALLIED DISEASES.
ANTI SYPHILITIC ANTI-
SCORBUTIC ANTISEPTIC.

POWDER
LOCALLY
IN LESIONS ULCERS
SKIN DISEASES
DUST OVER SURFACE,
IN INFLAMMATIONS USE
WARM POULTICES OVER
AFFECTED SURFACE.



PHASELIN

FORMULAE

RHEUMAGON, A COMBINATION OF THE IODIDES AND PHOSPHATES OF SODIUM.
MELACHOL, A REDUCED CHEMICAL COMBINATION OF PHOSPHATES WITH NITRATES OF SODIUM.
PHASELIN, THE DESSICATION OF PHASOLEUS, THE EGYPTIAN AND MEXICAN VARIETY

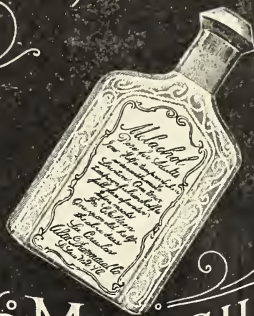
← OF THE GENUS PHASELUS →

Described by HIPPOCRATES as *Donikos* a Bean possessing strong digestive powers, a strong supporter of function, a positive cure for the gastric catarrh of alcoholism. A general healing remedy of all local lesions: Ulcers and Eruptions. A Specific as a poultice in all ophthalmic inflammations.

... **RHEUMAGON · MELACHOL · PHASELIN** ...
THE THREE MOST VALUABLE CONTRIBUTIONS TO MODERN THERAPY COVERING MOST OF THE PATHOLOGIC CONDITIONS OF THE ORGANISM USED SUCCESSFULLY IN ALL HOSPITALS AND BY CLINICIANS. GENERALLY, PHYSICIANS will be furnished full size bottle FREE on payment of Express or Mail charges. PLEASE name Journal in which this card appears.

ALTA PHARMACAL CO. ST. LOUIS, U.S.A.

SEND FOR LITERATURE.



MELACHOL

PROMPT PAINLESS PLEASANT LAXATIVE.
STRONG NERVINE:
ABSOLUTE ANESTHETIC
ANTIDOTE TO MORPHINISM
THE ONLY SUPPORTIVE ELIMINANT.

TABLETS
THE MOST POWERFUL DIGESTANT
OF ALL THE ELEMENTS ENTERING
INTO THE ORGANISM. RELIEVES
DYSPEPSIA, FLATULENCE, COLIC
AND INTESTINAL DISORDERS
CONVERTS PROTEIDS INTO
BLOOD PLASMA. NOURISHES
STRUCTURE CELLS AND FUNCTION.



It never irritates

if used with a clean needle.

Dose: 5 to 20 minims.

It never nauseates

when given by the mouth.

Dose: 5 to 30 minims.

50 Cents net per Bottle to Physicians.

SHARP & DOHME

BALTIMORE

CHICAGO

NEW YORK

Your Druggist has it or can get it for you.

ARGONIN

A New Silver-Proteid Compound and Substitute for Nitrate of Silver
IN THE TREATMENT OF GONORRHOEA.

Unlike Nitrate of Silver



IT DOES NOT STAIN.
IS UNIRRITATING TO MUCOUS MEMBRANES.
IS NOT PRECIPITATED BY ALBUMEN.

LITERATURE UPON APPLICATION TO VICTOR KOECHL & CO.,

Sole Licensees for U. S.

79 MURRAY ST., NEW YORK.

WHEELER'S TISSUE PHOSPHATES.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, in the form of a Glycerite acceptable to the most irritable conditions of the stomach; Bone Calcium Phosphate Ca_2PO_4 , Sodium Phosphate Na_2HPO_4 , Ferrous Phosphate Fe_2PO_4 , Trihydrogen Phosphate H_3PO_4 , and the active principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habit, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of good therapeutists.

Notable Properties: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of Benefit in Consumption and all Wasting Diseases, "by determining the perfect digestion and assimilation of food." When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best "general utility compound" for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. Phosphates being a natural food product, no substitute will do their work in the system.

DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.

To prevent substitution, put up in pound bottles only and sold by all Druggists, at One Dollar.

☞ Read the pamphlet on this subject sent you.



CAPSULES

	10 MINIMS CAPACITY.	PER DOZ.
List No. 53A	12 in Box,	\$2.25
" 53	24 "	4.25
" 54	36 "	6.25

"PERLOIDS"

or Pearl-shaped Capsules.

	PER DOZ.
Cheaper and better than the imported "Perles."	
List No. 421A	40 in vial, \$4.75
" 421B	80 " 9.00

A Trial Bottle or Dozen sent prepaid on receipt of list price.

H. PLANTEN & SON,

(ESTABLISHED 1836)

NEW YORK.

PRINTING
FOR PHYSICIANS

AT THE OFFICE OF
MARYLAND
MEDICAL JOURNAL.

“Urge the Profession.”

(See Letter Below.)

A PHOSPHORIZED CEREBRO-SPINANT, FRELIGH'S TONIC.

FORMULA:

Ten minims of the Tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of

Tinct. Nux Strychnos.....	1 minim.
“ Ignatia Amara.....	1 “
“ Cinchona.....	4 “
“ Matricaria.....	1 “
“ Gentian.....	1 “
“ Columbo.....	$\frac{1}{2}$ “
“ Phosphorus, C. P.....	1-300 grain.
Aromatics.....	2 minims.

Dose: 5 to 10 drops, in half wine glass of water.

INDICATIONS.

Neurasthenia, Sick and Nervous Headache, Nervous Dyspepsia, Indigestion, Paralysis, Locomotor-Ataxia, Impotence, Loss of Vital Fluids (through excesses or otherwise), Debility of old Age, Mental Strain and Over-work, and in the Treatment of Mental and Nervous Diseases.

One of the oldest and best known of the Washington physicians writes as follows:

“I have used your Cerebro-Spinant, Freligh's Tonic, since its first introduction all of ten years. When I prescribe it there is nothing more to trouble me, as I am certain of results. For a while back, though, I did not obtain the usual results. At first I was inclined to think you were letting it fall from its high standard, but wishing to use it in my own family lately, I sent to you direct for a bottle. It is sufficient to say that I think you have even *Advanced* the standard. The fault before was the growing evil of substitution. As every bottle of the Tonic bears the formula upon it, and conforms fully to the requirements of the Code, I now invariably write “*Original Bottle*” upon every \mathcal{B} for it, and call the attention of the patient also to it. I know your difficulty in obtaining evidence of substitution sufficient to convict the offender, but if in your advertisements you will **urge the profession** to stipulate “Original Bottle” on the \mathcal{B} , it will benefit all of us, and help to prevent the evil. We must do this with articles as valuable as your Cerebro-Spinant, which is a *sine qua non* with me in the treatment of certain cases, or we must take a long step backward, and do our own dispensing once more. I, for one, feel too old to undertake it.”

The above, and thousands of similar commendatory letters from the profession, can be examined at our office.

40,000 PHYSICIANS

are today regularly prescribing the Tonic. Single sample mailed to any physician on application. Should any physician wish to make a thorough test of the Tonic in his practice, send address for our

Special Offer

on the Tonic, as well as on other of our preparations. Retail price of the Tonic, \$1.00 per bottle. Usual discount to the profession. Each bottle contains 100 of the average 5 drop doses. *It is never sold in bulk.*

CONCENTRATED, PROMPT, POWERFUL.

It is kept in stock regularly by all the leading wholesale druggists, but as we furnish no samples through the trade, wholesale or retail, for samples, directions, professional testimonials, price lists, etc., address

I. O. WOODRUFF & CO.,

MANUFACTURING CHEMISTS,

106-108 Fulton Street,

New York City.

Yours for Health

The Salt River Valley
of Arizona
and the various
health resorts in
New Mexico

are unrivaled for the cure of chronic lung and throat diseases. Pure, dry air; an equable temperature; the right altitude; constant sunshine.

Descriptive pamphlets, issued by Passenger Department of Santa Fe Route, contain such complete information relative to these regions as invalids need.

The items of altitude, temperature, humidity, hot springs, sanatoriums, cost of living, medical attendance, social advantages, etc., are concisely treated.

Physicians are respectfully asked to place this literature in the hands of patients who seek a change of climate.

Address, **G. T. NICHOLSON.**
CHICAGO, G. P. A., A., T. & S. F. Ry.

Physicians

IN NEED OF

Letter Heads,
Bill Heads,
Note Heads,
Cards,

CALL ON OR ADDRESS

Maryland Medical Journal,

209 PARK AVENUE,

Baltimore

Established 1780.
Walter Baker & Co., Ltd.

DORCHESTER, MASS.,

The Oldest and Largest Manufacturers
.. of ..



PURE, HIGH GRADE
COCOAS
AND
CHOCOLATES

on this Continent.

No Chemicals are used in their
manufactures.

Baron von Liebig says Cocoa Preparations of good quality agree with dry temperaments and convalescents; **with mothers who nurse their children**; with those whose occupations oblige them to undergo severe mental strains; with public speakers, and with all those who give to work a portion of the time needed for sleep.

Buyers should ask for and be sure that they get the genuine

Walter Baker & Co.'s

goods, made at

DORCHESTER, MASS.

HENRY B. EGGERS, Professional
Masseur.

1626 Harford Ave., NEAR NORTH AVE

Graduate of the University of Leipzig, Germany; Lecturer on Massage at the University of Vienna, Austria, and Hamburg City Hospital, Germany.

Scientific Massage Treatment,
Swedish Movement.

15 Years' Hospital Experience. Lady Attendants.

References by Permission:—T. E. Shearer, M. D.

John N. Mackenzie, M.D., M. B. Billingslea, M.D., Chas. G. Hill, M.D., Delano Ames, M.D., Theodore Cook, Sr., M.D., George J. Preston, M.D., W. T. Howard, M.D., James E. Dwinelle, M.D.

Patients Boarded
and Treated
at My Institute.

Registered at Directory for Nurses, - - -
- - - Medical and Chirurgical Faculty of Md.

University of Pennsylvania
DEPARTMENT OF MEDICINE.

The 132nd ANNUAL SESSION will begin Friday October 1, 1897, at 12 M., and will end at Commencement, the second Thursday in June.

The Curriculum is graded, and attendance upon four Annual Sessions is required. College graduates in Arts or Science, who have pursued certain Biological studies, are admitted to advanced standing.

Practical Instruction, including laboratory work in Chemistry, Histology, Osteology, and Pathology, with Bedside Instruction in Medicine, Surgery, Gynecology, and Obstetrics, is a part of the regular course, and without additional expense.

For catalogue and announcement, containing particulars, apply to

DR. JOHN MARSHALL, DEAN,
38th St. and Woodland Avenue, Philadelphia.

ANESTHETIZER.

The undersigned, having paid special attention to the administration of anesthetics, respectfully offers his services to the profession

EUGENE LEE CRUTCHFIELD, M. D.,
1232 E. Preston Street.

Office Hours .

7.30 to 9.30 A. M.
2 to 4 P. M.
6 to 7 P. M.

Telephone 2686-2.

**Regular School of Medicine.
Co-educational.**

HARVEY MEDICAL COLLEGE,

167-169-171 S. Clark St., Chicago.

Lectures 7 to 10 every week day evening.
Clinics all day. Four years' graded course.
Diplomas recognized by the Illinois State
Board of Health. Tuition \$80; if paid in
advance, \$65. For information, address

FRANCES DICKINSON, M. D.,
Secretary.

"AMERICA'S GREATEST RAILROAD."

NEW YORK CENTRAL

& HUDSON RIVER R. R.

The Four-Track Trunk Line.

Trains leave Grand Central Station, Fourth Avenue and 42nd Street, New York, center of hotel, residence and theatre district, as follows:—

For Albany, Troy, Utica, Syracuse, Rochester, Buffalo, Niagara Falls and the West, week days: 8:30, 9:30, 10:30 A. M.; 1:00, 4:30, 6:00, 7:30, 9:15 P. M. 12:10 midnight; Sundays, 9:30 A. M., 1:00, 4:30, 6:00, 7:30, 9:15 P. M.

For Saranac Lake, Lake Placid and Montreal, via Adirondack Mountains; week days, 8:30 A. M., 6:00 P. M.; Sundays, 6:00 P. M.

For Montreal, via Saratoga, Lake George, Lake Champlain and via Burlington and Green Mountains; week days, 9:30 A. M., 6:25 P. M.; Sundays, 6:25 P. M.

For the Berkshire Hills—9:06 A. M., 3:35 P. M., daily, except Sunday.

MEDICAL CONVENTIONS

1896.

Physicians and others attending the various Medical Conventions for 1896 should bear in mind that the B. & O. offers special inducements to conventions of this kind. The scenic attractions of this Route are unsurpassed in this country. All B. & O. trains between the East and West run via Washington, and sufficient time limit is given on tickets to allow stop-over at the National Capital.

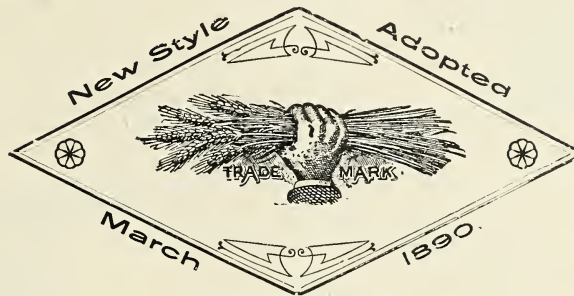
For Rates and further Information, Address

CHAS. O. SCULL, General Passenger Agent,

Or L. S. ALLEN, A. G. P. A., Chicago, Ill.

Baltimore, Md.

DUKEHART'S Pure Extract of Malt and Hops.



NON-ALCOHOLIC.

This Malt is not a BEVERAGE, but a MEDICINE, a tablespoonful and a half being a dose; about 16 doses to the bottle. Is the best galactagogue known.

THE DUKEHART COMPANY,

BALTIMORE, MD., U. S. A.

Practical Notes on Urinary Analysis



.....BY.....

W.B. Canfield, M.D.

The demand for Dr. Canfield's book has compelled the publication of a

2d Edition, which is Now Ready.

The author says in his Preface: "In this edition changes and additions have been made to bring the book up to modern requirements." The book is what its title indicates—*practical*. Its 100 pages are packed with information concerning the general character of the urine; its normal constituents, organic and inorganic; its abnormal constituents; sediment, organized and unorganized; the condition of the urine in simple fever, nephritis both acute and chronic, contracted and amyloid kidney, diabetes, uremia, typhoid fever, cystitis, etc.; with a full description of reagents and apparatus. The principal object of the author has been to exhibit all the various *tests for discovering urinary constituents*; these tests are described briefly, but distinctly, and illustrated where necessary. "Besides drawing largely from his own experience, the writer has unhesitatingly made use of the literature on the subject."

The book contains eighteen illustrations, and, so far as typographical work is concerned, is far ahead of the first edition. It is issued in embossed paper covers; also in cloth. The price in paper, **25 cents**; in cloth, **50 cents**. Postage prepaid.

GEO. S. DAVIS, Medical Publisher,

Box 470.

DETROIT, MICH.

THE IMPROVED "YALE" SURGICAL CHAIR.

HIGHEST AWARD WORLD'S FAIR, OCT. 4TH, 1893.

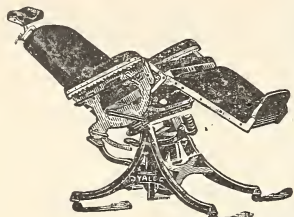


Fig. V—Semi-Reclining.

- 1st. Raised by foot and lowered by automatic device.—Fig. I.
- 2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
- 3rd. Obtaining height of 39½ inches.—Fig. VII.
- 4th. As strong in the highest, as when in the lowest position.—Fig. VII.
- 5th. Raised, lowered, tilted or rotated without disturbing patient.
- 6th. Heavy steel springs to balance the chair.
- 7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position.—Fig. XIII.
- 8th. Quickest and easiest operated and most substantial secured in positions.
- 9th. The leg and foot rests folded out of the operator's way at any time—Figs. XI, XV and XVII.
- 10th. Head Rest universal in adjustment, with a range of from 14 inches above seat to 12 inches above back of chair, furnishing a perfect support in Dorsal or Sim's position.—Figs. XIII and XV.
- 11th. Affording unlimited modifications of positions.
- 12th. Stability and firmness while being raised and rotated.
- 13th. Only successful Dorsal position *without moving patient*.
- 14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
- 15th. Stands upon its own merits and not upon the reputation of others.

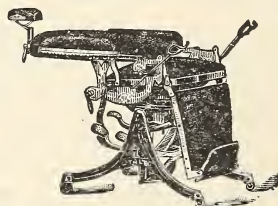


Fig. XVII—Dorsal Position.

Pronounced the *ne plus ultra* by the Surgeon, Gynecologist, Oculist and Aurist.

MANUFACTURED EXCLUSIVELY BY

CANTON SURGICAL AND DENTAL CHAIR CO.,

38 to 54 East Eighth and 50 to 52 South Walnut Streets, CANTON, OHIO.

BELLEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK. SESSIONS 1896-97.

The REGULAR SESSION begins on Monday, September 21, 1896, and continues for twenty-six weeks. During this Session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins March 22, 1897, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving, in full, requirements for graduation and other information, address PROF. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th St., New York City

Western Pennsylvania Medical College.

PITTSBURGH, PA.

MEDICAL DEPARTMENT OF THE WESTERN UNIVERSITY OF PENNSYLVANIA.

Sessions 1896-1897.

The REGULAR SESSION begins on third Tuesday of September, 1896, and continues six months. During this session, in addition to four Didactic Lectures, two or three hours are daily allotted to Clinical Instruction. Attendance upon four regular courses of Lectures is requisite for graduation. A four years' graded course is provided. The SPRING SESSION embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects: this session begins the second Tuesday in April, 1897, and continues ten weeks.

The laboratories are open during the collegiate year for instruction in chemistry, microscopy, practical demonstrations in medical and surgical pathology, and lessons in normal histology. Special importance attaches to "the superior clinical advantages possessed by this College." For particulars, see annual announcement and catalogue, for which address the Secretary of the Faculty, PROF. T. M. T. McKENNAN, 810 Aenn Ave., Pittsburgh, Pa. Business correspondence should be addressed to PROF. W. J. ASDALE, 5523 Ellsworth Pve., Pittsburgh, Pa.

TRADE MARK REGISTERED.
DIABETES FLOUR
 Also, Gluten, Dyspeptic Flour, Barley Crystals,
 and Patent Biscuit Cake and Pastry Flour.
 Unrivalled in America or Europe.
 Pamphlets and Baking Samples Free.
 Write Farwell & Rhines, Watertown, N. Y., U. S. A.

PRINTING
 FOR PHYSICIANS



Office of MARYLAND MEDICAL JOURNAL

Syr. Hypophos. Co., FELLOWS.

Contains The Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a *Slightly Alkaline Reaction*.

It Differs in Its Effects from All Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It Has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its Stimulant, Tonic, and Nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products. The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The Success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. *Fellows*."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

MR. FELLOWS, 48 Vesey St., New York City.



HYDROZONE

IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for its Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE.—OPEN SORES: ABSCESSSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,—INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER,—WOMEN'S WEAKNESSES: WHITES, LEUCORRHOEA,—SKIN DISEASES: ECZEMA, ACNE, Etc.

SEND FOR FREE BOOK OF 152 PAGES GIVING FULL INFORMATION.

PHYSICIANS REMITTING TWENTY-FIVE CENTS POSTAL ORDER WILL RECEIVE FREE SAMPLE BY MAIL.

AVOID IMITATIONS.

HYDROZONE is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border.

GLYCOZONE
CURES
DISEASES of the STOMACH.

PREPARED ONLY BY

Charles Marchand

Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

SOLD BY
LEADING DRUGGISTS.

Charles Marchand

28 Prince St., New York.

RIGAUD & CHAPOTEAUT'S Preparations,

8 Rue Vivienne,

PARIS,
FRANCE.

Active Principle
of Parsley.

APIOLINE

(Chapoteaut)

Energetic
Emmenagogue

PURE
FREE FROM BARIUM SALTS.

STRONTIUM SALTS

(Paraf-Javal)

STANDARD SOLUTIONS
BROMIDE, IODIDE,
LACTATE.

**SANTAL
MIDY**

Active
Principle of
Cod Liver Oil with
Creosote.

**MORRHUOL
CREOSOTÉ**

(Chapoteaut)

RELIABLE AGENT IN
TREATMENT OF
TUBERCULOSIS.

Literature

and

Samples

sent on

Application to the

AGENTS.

AGENTS:

E. FOUGERA & CO.

30 N. William St.,

New York.